Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Pound, Feinstein & Associates	M M / D D / Y T Y T Y
Mailing Address 5614 Connecticut Ave, NW Ste 270	10 20 2014 Amount
004	4404.00
City State Zip Code Washington DC 20015	41131.23 Transaction ID : 06e33463-b125-4d1b-9
1145/m/g/6/1	Date of Disbursement or Obligation
Purpose of Expenditure Radio Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: X House District: 02
Ann Kuster Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Dis 201	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Jake Mathews	10 20 / Y Y Y Y Y
Mailing Address 6418 East 12 St	10 20 2014
5-110 Eddt 12 Gt	Amount
City State Zip Code	25.00
Wichita KS 67206	Transaction ID: 6a888465-6165-4f85-a Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Salary Salary 001 Type 001	10 20 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
	sbursement For: Primary X General
Per Election for Office Sought 71523.33	14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	41156.23
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 2014
Signature	

Schedule E)	LIIDLIII LAI LIID.			PAGE 2 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour	report New repo	art Amanda rana	ert filed on	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	
Full Name of Payee Jake Mathews			Date of Publ	ic Distribution/Dissemination
Mailing Address 6418 East 12 St			Amount	
City	State	Zip Code		7.50
Wichita	KS	67206		ID : efbd824e-d9c4-4750-8 pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	20 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Jodi DeFrees			Date of Pub	lic Distribution/Dissemination
Jour Deliee2			10	20 2014
Mailing Address 201 E Mt Vernon			Amount	
City	State	Zip Code		30.00
Wichita	KS	67211	Transaction Date of Disk	ID : f4625637-eea3-4a2d-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent	Expenditures			37.50
(,, delicate of normal mapping in	L			37.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		•	7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 22	2014
Signature		_		

Sch	edule E)				PAGE 3 OF 147 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
O.			. 🗆 .		M = M / D = D / Y = Y = Y
Chec	k if 24-hour report X 48-hour report No	ew repo	ort Amends repo	ort filed o	n Landau Landau
	iull Name of Payee Jodi DeFrees			1	Date of Public Distribution/Dissemination
N	Mailing Address 201 E Mt Vernon			,	Amount
	Dity State		Zip Code		4.80
	Wichita KS		67211		Transaction ID : 5f787488-c152-4ea3-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Support	Office S	Sought: House District:00
Ľ	Mr. Greg Orman		X Oppose	P	President Senate State: KS
L	Calendar Year-To-Date Per Election for Office Sought		71523.33	Disburs 2014	ement For:
F	Full Name of Payee				Date of Public Distribution/Dissemination
	Cebrina Ford				10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 201 E Mt Vernon				
					Amount
	City State		Zip Code		30.00
	Wichita KS		67211	т	ransaction ID: 6f9552d1-d2b8-4689-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 / 20 / 2014
1	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Greg Orman		X Oppose	F	President Senate State: KS
l	Calendar Year-To-Date Per Election for Office Sought	-	71523.33	Disburs 2014	sement For: Primary
		1			
(a) SUBTOTAL of Itemized Independent Expenditures			▶	34.80
(b) SUBTOTAL of Unitemized Independent Expenditures				
(с) TOTAL Independent Expenditures			· • [
wi	nder penalty of perjury I certify that the independent expen- th, or at the request or suggestion of, any candidate or auti rty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	Electron	ically Filed] Date	e 10	22 / 2014
	Signature		_		

Sched	ule E)	EXI ENDI	101120			PAGE 4 OF 147 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
Wom	en Speak Out PAC					C00530766
Check if	24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M = M /	D = D / Y = Y = Y
Full	Name of Payee			Date	e of Public	c Distribution/Dissemination
Ca	ameryn L Rasmussen				10	20 / 2014
Maili	ing Address 4455 N Edaemoor Ct			Amo	ount	
City		State	Zip Code			15.00
Bel	Aire	KS	67220			ID: 0d57d50f-eca5-46e6-9 ursement or Obligation
Purp Sala	oose of Expenditure ary		Category/ Type 001		10	20 / 2014
Nam	ne of Federal Candidate		Support	Office Sou	ght:	House District: 00
Mr.	Greg Orman		X Oppose	Presi	dent	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		71523.33	Disburseme 2014	ent For: Other (sp	Primary
	Name of Payee			Date	e of Publi	c Distribution/Dissemination
Ca	ameryn L Rasmussen				M M M	20 2014
Mail	ing Address 4455 N Edaemoor Ct				10	20 2014
				Amo	ount	
City		State	Zip Code			2.10
	Aire	KS	67220	Tran Date	saction II	D: e5dcaa86-e62c-4e71-b ursement or Obligation
	pose of Expenditure eage		Category/ Type 002		10	20 7 2014
Nam	ne of Federal Candidate		Support	Office Sou	ght:	House District:00
Mr.	Greg Orman		X Oppose	Pres	ident	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(a) S	UBTOTAL of Itemized Independent Expenditures.			·· •	-7-	17.10
(b) S	UBTOTAL of Unitemized Independent Expenditur	es		·· •		
(c) T	OTAL Independent Expenditures			·· • [- 4-	
with,	r penalty of perjury I certify that the independent or at the request or suggestion of, any candidate committee) any political party committee or its ac	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 10	/ 22	/ Y Y Y Y Y Y 2014
Sig	gnature		_			

Sch	nedule E)				PAGE 5 OF 147 FOR SE OF FORM 24/48
	TE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report Ne	ew rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Ti	Full Name of Payee	—			Date of Public Distribution/Dissemination
	Ashley T Reed				10 20 2014
	Mailing Address 1519 E Village Estates Dr			A	Amount
	City State		Zip Code		15.00
	Park City KS		67216		ransaction ID: 66f552ad-400c-4590-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 20 / 2014
1	Name of Federal Candidate		Support	Office S	ought: House District: 00
	Mr. Greg Orman		X Oppose		resident Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		71523.33	Disburse 2014	ement For: Primary X General Other (specify) ▶
	Full Name of Payee				Date of Public Distribution/Dissemination
	Facebook, Inc.				M M / D D / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y
-	Mailing Address 1601 Willow Road				10 20 2014
	1001 Willow Road			A	Amount
(City State		Zip Code		200.00
	Menlo Park CA		94025	Tr.	Pansaction ID: b77bb8a1-2928-4887-8 Date of Disbursement or Obligation
	Purpose of Expenditure Online advertising		Category/ Type 004		10 20 / 2014
П	Name of Federal Candidate		Support	Office S	Sought: House District: 00
L	Ms. Kay Hagan		X Oppose	Pr	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1041066.50	Disburse 2014	ement For:
(2	a) SUBTOTAL of Itemized Independent Expenditures			. г	245.00
(a) SUBTUTAL of itemized independent Experiatures			• [215.00
(b	b) SUBTOTAL of Unitemized Independent Expenditures			. •	7 7 7
(с	c) TOTAL Independent Expenditures			•	
wi	nder penalty of perjury I certify that the independent expendith, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	lectron	cically Filed] Date	10 N	/ D D / Y Y Y Y Y Y 22 2014
	Signature		_		

Schedule E)	JENT EXTEND	HONES	PAGE 6 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			10 20 2014 Amount
City	State	Zip Code	30.00
Winston Salem	NC	27105	Transaction ID: 9733a873-887c-48d1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	041066.50	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			10 20 2014 Amount
City	State	Zip Code	8.67
Winston Salem	NC	27105	Transaction ID : 1455e23a-c110-49c7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1041066.50	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 38.67
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		
			4 4
(c) TOTAL Independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 22 7 2014
S.g.iataro			

Schedule E)	NDENT EXTEND	TOTILO		PAGE 7 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour rep	ort New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Donna S Wilson			10	20 / 2014
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		20.00
Baton Rouge	LA	70816		n ID: 4e5a1188-5af2-4ca5-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	99041.81	Disbursement For: 2014 Other (: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Donna S Wilson			10	20 / 2014
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		9.30
Baton Rouge	LA	70816		n ID: 6f569579-21d9-4a95-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	/ ^D 20 / ^Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Exp	penditures			29.30
(.,				7 7
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7-1-2-1
(c) TOTAL Independent Expenditures			.	7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 22	
-				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed o	n
Full Name of Payee		Date of Public Distribution/Dissemination
Toni A Persinger-Buckler		10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5330 Nestleway Dr		Amount
City	State Zip Code	42.50
Clemmons		Transaction ID: a72562d6-1ef9-4e61-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan		President State: NC
Calendar Year-To-Date Per Election for Office Sought	1041066.50 Disburs 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee Toni A Persinger-Buckler Mailing Address 5330 Nestleway Dr		Date of Public Distribution/Dissemination M 10
City	State Zip Code	4.50
1 '	NC 27012 T	ransaction ID : b30cfe19-2ccd-48b2-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District:00
Ms. Kay Hagan	∑ Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	1041066.50 Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	47.00
(b) SUBTOTAL of Unitemized Independent Expenditure	ss	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 10	22 2014
Signature		

PAGE

OF

Schedule E)	LIVI EXI END	TIONES	_	AGE 9 OF 147 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee Cecilla A Rebrick			Date of Public D	Distribution/Dissemination
Mailing Address 5003 Allison Lane			10 Amount	20 2014
City Ft. Smith	State AR	Zip Code 72901		50.00 : 47233f58-4b56-4df2-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disburse	ement or Obligation 20 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		184933.35	Disbursement For: 2014 Other (spec	Primary ☐ General
Full Name of Payee Cecilla A Rebrick				Distribution/Dissemination
Mailing Address 5003 Allison Lane			10	20 / 2014
- Good / Million Earle			Amount	
City	State	Zip Code		3.00
Ft. Smith	AR	72901		644aa112-48e0-4780-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	184933.35	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures		•	53.00
(b) CURTOTAL of Unitersized Independent Fundamental				7
(b) SUBTOTAL of Unitemized Independent Expe	enaitures		>	45
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 22	2014
5.g				

Sch	hedule E)	XI ENDI	TOTILO				PAGE 10 OF 147 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
 Che	ck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	/ M /	D = D / Y = Y = Y
_	Full Name of Payee				Data	-f Dubli	- Di-tribution/Diagomination
	Joanna Kindstedt					10	c Distribution/Dissemination 20 2014
	Mailing Address 2134 Tobaccoville Rd				Amou	unt	
	City Stat	ıte	Zip Code				30.00
	Rural Hall NO	c 	27045				ID: e7dd9066-09bc-4fd6-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\exists \mid C$	10 M	20 2014
h	Name of Federal Candidate			upport	Office Sough	nt:	House District: 00
	Ms. Kay Hagan			ppose	Presid	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	041066.50		Disbursemer 2014	nt For: Other (sp	Primary
	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
	Edmond D Rea					M M M	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Mailing Address 416 Vine Dr					10	20 2014
					Amou	unt	
-	City Sta	ate	Zip Code				70.00
	Lawrence KS	S	66049		Transa Date	action II of Disbu	D: 7b664257-419d-41a2-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\exists \mid c$	10	20 2014
ľ	Name of Federal Candidate		S	Support	Office Sough	ht:	House District: 00
	Ms. Kay Hagan		X)ppose	Presid	•	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1041066.50		Disbursemer 2014		Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures				•	-	100.00
(k	b) SUBTOTAL of Unitemized Independent Expenditures.				· •	-7	1 1 7 1 1 7
(0	c) TOTAL Independent Expenditures				•	-	
W	Inder penalty of perjury I certify that the independent ex vith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agent	r authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	22	/ Y = Y = Y = Y = 2014
	Signature		_				

Schedule E)	TI EXI EILD	TIONES		PAGE 11 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Edmond D Rea			10	20 / 2014
Mailing Address 416 Vine Dr			Amount	
City	State	Zip Code		16.92
Lawrence	KS	66049		D: bc5da66d-acfc-4875-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 10	041066.50	Disbursement For: 2014 Other (specific	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Leslie D Moore			10	20 / 2014
Mailing Address 1903 Swan Dr			Amount	
City	State	Zip Code		70.00
Lenoir	NC	28645): b5e4a716-7a79-4a51-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1041066.50	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			86.92
			7	7
(b) SUBTOTAL of Unitemized Independent Expend	litures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 22	2014
-				

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Leslie D Moore	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1903 Swan Dr	Amount
City State	Zip Code 3.30
Lenoir NC	28645 Transaction ID : 9d898fb9-10ea-4a36-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 20 / Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Stephanie E Hardy Mailing Address 3039 Four Way Rd	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	e Zip Code 20.00
Snow Hill NC	28580 Transaction ID : 13b7fd9e-3217-4b3c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 20 / Y Y Y Y Y Y Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	23.30
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 10 22 2014
Signature	

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OF

Schedule E)	ADENT EXILID	HOHES	PAGE 13 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New rep	ort Amends repo	rt filed on
Full Name of Payee Stephanie E Hardy			Date of Public Distribution/Dissemination
Mailing Address 3039 Four Way Rd			10 20 2014 Amount
City Snow Hill	State NC	Zip Code 28580	6.60 Transaction ID : 9bd05a89-c099-4ffa-a
Purpose of Expenditure Mileage	140	Category/	Date of Disbursement or Obligation
Name of Federal Candidate		Type 002 Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	041066.50	Disbursement For:
Full Name of Payee Kendyl H Browder			Date of Public Distribution/Dissemination
Mailing Address 4429 Lagan Circle			Amount 20 2014
City	State NC	Zip Code	30.00 Transaction ID : 5e8cf516-8074-4ed7-8
Winterville Purpose of Expenditure Salary	NC	28590 Category/ 001	Date of Disbursement or Obligation
Name of Federal Candidate		lype	10 20 2014
Ms. Kay Hagan		Support Oppose	Office Sought: House District: 00 President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1041066.50	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		36.60
(b) SUBTOTAL of Unitemized Independent E	Expenditures		
(c) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

· · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	port Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Gabriela P Sosa		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2530 Brook Stone Dr		Amount
City State	Zip Code	80.00
Clemmons	27012	Transaction ID : 9aaef58e-5a05-4616-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 20 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan		President State: NC
Calendar Year-To-Date Per Election for Office Sought	041066.50 Disbur 2014	rsement For: Primary
Full Name of Payee Gabriela P Sosa Mailing Address 2530 Brook Stone Dr		Date of Public Distribution/Dissemination 10 20 2014 Amount
City State	Zip Code	15.60
Clemmons	27012	Transaction ID : dc1e1039-9e50-4516-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 20 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	∑ Oppose □	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1041066.50 Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	•	95.60
(b) SUBTOTAL of Unitemized Independent Expenditures	•	4 4
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	nically Filed] Date 10	0 22 2014
Signature		

PAGE

OF

Sch	nedule E)	-1101	1101120			PAGE 15 OF 147 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C00530766
Che	ck if 24-hour report X 48-hour report Ne	w rep	ort Amends repor	rt filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee	—		Dat	e of Public	Distribution/Dissemination
	Gary W Fuhrmann				10	20 / 2014
	Mailing Address 9425 Jessica Drive			Am	ount	
	City State		Zip Code	$ \Gamma$		37.50
	Shreveport LA		71106			D: 111f6fea-9f70-448a-9 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10	20 / 2014
	Name of Federal Candidate		Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu		X Oppose		sident >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	199041.81	Disbursem 2014	ent For: Other (spe	Primary ☐ General ecify) ►
	Full Name of Payee			Dat	te of Public	Distribution/Dissemination
	Gary W Fuhrmann				10 /	20 / Y Y Y Y Y Y Y
	Mailing Address 9425 Jessica Drive				10	20 2017
				Am	ount	
	City State		Zip Code			5.40
	Shreveport LA		71106	Tran Dat	saction ID te of Disbu	: 46fe4550-cf4c-479c-8 rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10	20 / 2014
	Name of Federal Candidate		Support	Office Sou	ıght:	House District:00
	Ms. Mary L Landrieu		Oppose	Pres	sident >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursem 2014	nent For: Other (sp	Primary X General
,						
(a	a) SUBTOTAL of Itemized Independent Expenditures			• L	-7-	42.90
(t	b) SUBTOTAL of Unitemized Independent Expenditures			•		
(0	c) TOTAL Independent Expenditures			•		
W	inder penalty of perjury I certify that the independent expendith, or at the request or suggestion of, any candidate or auth arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan	lectron	ically Filed] Date	10	/ 22	/ Y Y Y Y Y Y Y 2014
	Signature		_			

Schedule E)	LIVI EXI END	ITOTILO	<u> </u>	AGE 16 OF 147 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Sheri J Peace			10 /	20 / 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		35.00
Keithville	LA	71047		207ea471-06d7-4b60-b ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Sheri J Peace			10	20 / 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		35.00
Keithville	LA	71047		666b0814-74d7-4176-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	199041.81	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures			70.00
			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures)	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 22 /	2014

Schedule E)	INT EXI END	HONES		PAGE 17 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Logan B Piper			10	20 / 2014
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		29.00
Conway	AR	72034		ID: 5663a780-af80-4556-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		184933.35	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Logan B Piper			10	20 / 2014
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		11.55
Conway	AR	72034		D: f3fa8ce1-23bd-4178-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 10	20 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · ·	184933.35	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			40.55
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 7
(c) TOTAL Independent Expenditures)	1171171
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 22	2014
•				

Sch	pedule E)	LXI LIIDI	101120				PAGE 18 OF 147 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC						C00530766
						M = M /	/ D = D / Y = Y = Y
Chec		X New repo	ort Ame	nds repo	rt filed on		
F	Full Name of Payee Brian A Sherwood					M = M	c Distribution/Dissemination
N	Mailing Address 1003 W 5th St				Amo	10 unt	20 2014
L	24.		7:- 0I-				20.00
- 1	-	tate KS	Zip Code 67337				30.00 ID: b2000575-ea37-40de-8
	Purpose of Expenditure Salary		Category/ Type	001		M M M 10	ursement or Obligation 20 2014
1	Name of Federal Candidate		Su	ıpport	Office Soug	ht·	House District: 00
	Ms. Kay Hagan			ppose	Presid	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	41066.50		Disburseme 2014	nt For: Other (sp	Primary
	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
Т	Brian A Sherwood					M M M	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 1003 W 5th St					10	20 2014
Т					Amo	unt	
-	City	tate	Zip Code				2.10
		KS	67337				D: 88fb8726-d1e1-47be-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002] [10 ^M	20 / 2014
Ī	Name of Federal Candidate		Su	ıpport	Office Soug	ht:	House District: 00
L	Ms. Kay Hagan		X o	opose	Presid	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	,	1041066.50		Disburseme 2014		Primary
(a) SUBTOTAL of Itemized Independent Expenditures				·		32.10
(b	substotal of Unitemized Independent Expenditures	S			•	-1-4-	
(с	r) TOTAL Independent Expenditures				•	1 7	
wi	nder penalty of perjury I certify that the independent of th, or at the request or suggestion of, any candidate of arty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	10 /	22	/ Y Y Y Y Y Y 2014
	Signature		_				

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M / D D / Y B Y B Y
Full Name of Payee Date of	f Public Distribution/Dissemination
	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5828 Rena Road Amount	t l
City State Zip Code	15.00
Hamptonville NC 27020 Transa	action ID: 8dc673bd-a94a-4876-b f Disbursement or Obligation
Purpose of Expenditure Category/	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	: House District: 00
Ms. Kay Hagan	NO.
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	For: Primary General
Oth	her (specify)
Jacob Bernas	f Public Distribution/Dissemination
Mailing Address 458 S Glendale Amoun	10 20 2014 ut
City State Zip Code	30.00
Wichita KS 67218 Transac	ction ID : f06c8a43-2d04-4e3c-a f Disbursement or Obligation
Purpose of Expenditure Category/	10 20 2014
Name of Federal Candidate Support Office Sought:	: House District: 00
Mr. Greg Orman Oppose Presider	nt X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ott	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	22 2014
Signature	

PAGE 19

OF

Schedule E	i)				PAGE 20 OF 147 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report 🔀 48-hour report	X New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name				Date of	of Public Distribution/Dissemination
	Bernas			M	10 20 Y Y Y Y Y Y Y Y Y
Mailing Ad	dress 458 S Glendale			Amou	nt
City		State	Zip Code	— I	7.50
Wichita		KS	67218		action ID: 533c0f63-c7cd-42ad-b of Disbursement or Obligation
Purpose o Mileage	f Expenditure		Category/ Type 002		10 20 / 2014
Name of F	ederal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg	Orman		X Oppose	Preside	ent Senate State: KS
	dar Year-To-Date lection for Office Sought		71523.33	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
Full Name				Date	of Public Distribution/Dissemination
William	M Criswell			N	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	Idress 115 Burns Mitchell Drive				10 20 2011
				Amou	nt
City		State	Zip Code		55.00
Belmont		NC	28012	Transa Date	oction ID: 798bfc21-d503-451b-8 of Disbursement or Obligation
Purpose of Salary	f Expenditure		Category/ Type 001	N	10 / 20 / Y Y Y Y Y
Name of I	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Kay F	lagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	.,,	1041066.50	Disbursemen 2014	nt For:
(a) SUBTO	TAL of Itemized Independent Expend	itures		. •	62.50
(b) SUBTO	TAL of Unitemized Independent Expe	enditures		· •	7 1 7 1 7
(c) TOTAL	Independent Expenditures			•	7
with, or at t	Ity of perjury I certify that the independent of suggestion of, any can ittee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	22 2014
Signatur	е				

FEC IDENTIFICATION NUMBER ▼ C C00530766		source,	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee William M Criswell Mailing Address 115 Burns Mitchell Drive City State Zip Code Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Calendar Yaar-To-Date Per Election for Office Sought Name of Payee John K Necaise III Mailing Address 1905 Franklin Ave City State Zip Code Ms. Kay Landrieu City State Zip Code Ms. Kay Hagan Collegory Oppose Disbursement For: Primary General Zota Ophor (specify) Full Name of Payee John K Necaise III Mailing Address 1905 Franklin Ave Category New Orleans LA 70117 Date of Public Distribution/Dissemination Transaction ID: 236e5231-26b6-474d-a Date of Disbursement or Obligation Transaction ID: 226e5231-26b6-474d-a Date of Disbursement For: Primary General Zota Ophor (specify) Full Name of Payee John K Necaise III Mailing Address 1905 Franklin Ave City State Zip Code New Orleans LA 70117 Date of Dubic Distribution/Dissemination Transaction ID: 226b362-2dbc4-3dd-a Amount Amount Amount City State Zip Code New Orleans LA 70117 Date of Dubic Distribution/Dissemination Transaction ID: 226b362-2dbc4-3dd-a Amount Amount City State Zip Code New Orleans LA 70117 Date of Dubic Distribution/Dissemination Transaction ID: 226b362-2dbc4-3dd-3dd-a Date of Public Distribution/Dissemination Transaction ID: 220 2014 Amount Amount Amount City 200 2014 Amount City 200 2014 Amount Date of Public Distribution/Dissemination Transaction ID: 226b362-2dbc4-3dd-3dd-a Date of Public Distribution/Dissemination Transaction ID: 220b6231-2dbc4-3dd-a Date of Public Distribution/Dissemination Transaction ID: 220b6231-2dbc4-3dd-a Date of Public Distribution/Dissemination Transaction ID: 226bc47dd-a Date of Public Distribution/Dissemination Transaction ID:	VVO	men Speak Out PAC	C C00530766
Mailing Address 115 Burns Mitchell Drive City State Zip Code NC 28012 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Mailing Address 1905 Franklin Ave City State Zip Code Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Mailing Address 1905 Franklin Ave Calendar Year-To-Date Purpose of Expenditure Mailing Address 1905 Franklin Ave Calendar Year-To-Date Purpose of Expenditure Salary New Orleans LA 70117 Name of Federal Candidate Ms. May Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. May Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. May Landrieu Calendar Year-To-Date Per Election for Office Sought Mailing Address 1905 Franklin Ave Transaction ID: 236e5231-26b8-474d-a Date Per Election for Office Sought Transaction ID: 236e5231-26b8-474d-a Date Per Election for Office Sought To ther (specify) ▶ Date of Public Distribution/Dissemination Transaction ID: 236e5231-26b8-474d-a Date Per Election for Office Sought Transaction ID: 236e5231-26b8-474d-a Date Per Election for Office Sought Transaction ID: 236e5231-26b8-474d-a Date Per Election for Office Sought Transaction ID: 236e5231-26b8-474d-a Date Per Election for Office Sought Transaction ID: 236e5231-26b8-474d-a Date Per Election for Office Sought Transaction ID: 236e5231-26b8-474d-a Date President Senate State: NC Transaction ID: 236e5231-26b8-474d-a Date President Senate State: NC To the Calendar Year-To-Date President Senate State: NC Transaction ID: 236e5231-26b8-474d-a Date President Senate State: NC To the Calendar Year-To-Date President Senate State: NC Transaction ID: 236e5231-26b8-474d-a Date President Senate State: NC To the Calendar Year-To-Date President Senate State: NC Transaction ID: 236e5231-26b8-474d-a Date President Senate State: NC To the Calendar Year-To-Date President Senate State: NC To the Calendar Year-To-Date Presid	Check	a if 24-hour report X 48-hour report New report Amends report file	
Mailing Address 115 Burns Mitchell Drive City State Zip Code Belmont NC 28012 Purpose of Expenditure NC 28012 Name of Federal Candidate Support State Sta	F	Ill Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Belmont NC 28012 Transaction ID: 236e231:26B4744-4 Date of Disbursement or Obligation Name of Federal Candidate NS. Kay Hagan Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought New Orleans LA 70117 Purpose of Expenditure Salary City State Zip Code New Orleans LA 70117 Purpose of Expenditure Salary Category/ Name of Federal Candidate Support Office Sought: House District: 00 Disbursement For: Primary General 2014 Amount Transaction ID: 236e231:26B4-7744-a Date of Disbursement For: Primary General 2014 Other (specify) ▶ Transaction ID: 236e3362-bdcb-434a-3 Date of Disbursement For: Sister NC Other (specify) ▶ Transaction ID: 258362-bdcb-434a-3 Date of Disbursement or Obligation Transaction ID: 25825362-bdcb-434a-3 Date of Disbursement or Obligation Transaction ID: 25825362-bdcb-434a-3 Date of Disbursement or Obligation Transaction ID: 25825362-bdcb-434a-3 Date of Disbursement For: Primary Note of Obligation Transaction ID: 25825362-bdcb-434a-3 Date of Disbursement For: Primary Note of Obligation Transaction ID: 25825362-bdcb-434a-3 Date of Disbursement For: Primary Note of Obligation Transaction ID: 25825362-bdcb-434a-3 Date of Disbursement For: Primary Note of Obligation Transaction ID: 25825362-bdcb-434a-3 Date of Disbursement Fo			
Belmont NC 28012	M	ailing Address 115 Burns Mitchell Drive	Amount
Belmont NC 28012	С	ity State Zip Code	6.30
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary Name of Federal Candidate Noppose Disbursement For: Primary General 2014 Other (specify) Full Name of Payee John K Necaise III Mailing Address 1905 Franklin Ave City State Zip Code New Orleans LA 70117 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Transaction ID: e26b3f82-bdcb-434a-9 Date of Disbursement or Obligation Transaction ID: e26b3f82-bdcb-434a-9 Date of Disbursement For: Disbursement For: Disbursement For: Primary General Other (specify) P Under (specify) P		· ·	Transaction ID : 236e6231-26b8-474d-a
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee John K Necaise III Mailing Address 1905 Franklin Ave City State Category/ Salary Category/ Type Office Sought Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Category/ Type Office Sought: Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Other (specify) Transaction ID: 225b3f82-bdcb-434a-9 Date of Disbursement or Obligation Tansaction ID: 225b3f82-bdcb-434a-9 Date of Disbursement or Obligation Transaction ID: 225b3f82-bdcb-434a-9 Date of Disbursement For: Dis		dileage Category/ 002	M M / D D / Y Y Y Y
Ms. Kay Hagan Calendar Year-To-Date President Senate State NC	N	ame of Federal Candidate Support Offic	ce Sought: House District: 00
Per Election for Office Sought 1041066.50 2014	N	As Ven Harren	President State: NC
Full Name of Payee John K Necaise III Mailing Address 1905 Franklin Ave City State Zip Code New Orleans LA 70117 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or ry agent. Date of Public Distribution/Dissemination 10 20 2014 Amount Transaction ID : e26b3f82-bdcb-434a-9 Date of Disbursement or Obligation 10 20 2014 Nother (Specify) Amount Category/ Date of Disbursement or Obligation 10 20 2014 Other (specify) Category/ Date of Disbursement or Disbursement or Date of Disbursement For: Other (specify) 41.30 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Calcillati Teal To Bate	4
Mailing Address 1905 Franklin Ave State Zip Code			
City State Zip Code New Orleans Category			
New Orleans LA 70117 Transaction ID: e26b3f82-bdcb-434a-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Type Office Sought: House District: 00 President Senate State: LA Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: e26b3f82-bdcb-434a-9 Date of Disbursement or Obligation To Dother (specify) At 1.30 Transaction ID: e26b3f82-bdcb-434a-9 Date of Disbursement or Obligation To Dother (specify) At 1.30 Date of Disbursement or Obligation To Dother (specify) At 1.30 Date of Disbursement or Obligation Transaction ID: e26b3f82-bdcb-434a-9 Date of Disbursement or Obligation To Dother (specify) At 1.30 Date of Disbursement or Obligation To Dother (specify) At 1.30 Date of Disbursement or Obligation To Dother (specify) Date of Disbursement or Obligation To Dother (specify) Date of Disbursement or Obligation Date of Disbursement or Obligation To Dother (specify)	N	lailing Address 1905 Franklin Ave	Amount
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	С	ity State Zip Code	35.00
Purpose of Expenditure Salary Name of Federal Candidate	1	New Orleans LA 70117	
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		Salany Odlegory 001	M - M / D - D / Y - Y - Y
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA	N	ame of Federal Candidate Support Offi	ce Sought: House District:00
(a) SUBTOTAL of Itemized Independent Expenditures	N		
(b) SUBTOTAL of Unitemized Independent Expenditures		100011 01	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a)	SUBTOTAL of Itemized Independent Expenditures	41.30
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b)	SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c)	TOTAL Independent Expenditures	
[Electronically Filed] Date 10 22 2014	witl	n, or at the request or suggestion of, any candidate or authorized committee or agent of eith	
		[E1 - 4	

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OF

· · · · · · · · · · · · · · · · ·						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)				<u> </u>	FEC I	IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Am	ends repo		M = M	/	Y = Y = Y
Full Name of Payee				Date	of Publ	lic Distribution/	Dissemination
John K Necaise III					10 ^M	20	2014
Mailing Address 1905 Franklin Ave				Amo	unt		
City	State	Zip Code					11.58
New Orleans	LA	70117				ID: 95bb7216 oursement or C	
Purpose of Expenditure Mileage		Category/ Type	002		10 M	20	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District:00
Ms. Mary L Landrieu		\boxtimes	Oppose	Presid	dent	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	1	199041.81		Disburseme		Primary specify) ▶	X General
Full Name of Payee Casey Stockton Mailing Address 105 South Dale St						olic Distribution/	Dissemination Y Y Y Y Y Y 2014
100 000				Amo	unt		
City	State	Zip Code				,	60.00
Spruce Pine	NC	28777				ID: 48d900eb- oursement or C	
Purpose of Expenditure Salary		Category/ Type	001] [10 ^M	20	2014
Name of Federal Candidate			Support	Office Soug	jht:	House	District:00
Ms. Kay Hagan		\overline{X}	Oppose	Presi	dent	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	1041066.50	0	Disburseme 2014		Primary	X General
(a) SUBTOTAL of Itemized Independent Expenditures	S			· [71.58
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			· -			
(c) TOTAL Independent Expenditures				·		4	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized						
Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	22	201	
Signature							

PAGE

OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Casey Stockton	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St	Amount
City State Zip Code	17.10
Spruce Pine NC 28777	Transaction ID: 982dd927-4d84-493f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payer	
Full Name of Payee Mary Johnson	Date of Public Distribution/Dissemination 10 20 2014
Mailing Address 105 South Dale St	Amount
City State Zip Code	60.00
Spruce Pine NC 28777	Transaction ID : 24620120-37bc-48a0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	77.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 2014
Signature	

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OF

Schedule E)	LIVI EXI END	HONES	F	PAGE 24 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lourdes Lopez			10	20 / 2014
Mailing Address 2936 Brushwood Ave			Amount	
City	State	Zip Code		50.00
Springdale	AR	72764		D: 64426f86-1450-436e-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,.,	184933.35	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lourdes Lopez			10 /	20 / 2014
Mailing Address 2936 Brushwood Ave			Amount	
City	State	Zip Code		4.50
Springdale	AR	72764		: ec9548a7-2e69-459e-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		184933.35	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expen	ditures			54.50
			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 22	2014
-				

Scł	hedule E)	EXI ENDI	101120		PAGE 25 OF 147 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
Т	Full Name of Payee Eva M Johnston				of Public Distribution/Dissemination
\mid	Mailing Address 2517 N 47th St			Amour	10 20 2014
	300	<u> </u>	7 0 1-		40.00
	City Similwaukee	State WI	Zip Code 53210		40.00 saction ID : d9dc9db2-1d86-4f39-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 20 2014
ŀ	Name of Federal Candidate		Support	Office Sought	nt: House District: 00
	Mr. Greg Orman		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursement 2014 Of	nt For: Primary X General Other (specify) ▶
	Full Name of Payee Jessica R Resendiz				of Public Distribution/Dissemination
	Mailing Address 9685 Paula St			Amou	
-	City	State	Zip Code		35.00
	Keithville	LA	71047	Transa Date	action ID : 72ce9321-14de-4758-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 / 20 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursemen 2014 O	nt For:
(8	a) SUBTOTAL of Itemized Independent Expenditures.				75.00
(i	b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(0	c) TOTAL Independent Expenditures			· -	
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 10	22 / 2014
	Signature				

Schedule E)	INI EXI END	HONES	PAGE FOR SE	26 OF 147 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	ATION NUMBER ▼
Women Speak Out PAC			C C005307	66
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	t filed on M M / D D	/
Full Name of Payee Jessica R Resendiz			Date of Public Distribu	tion/Dissemination
Mailing Address 9685 Paula St			10 20	2014
			Amount	
City	State	Zip Code		12.15
Keithville	LA	71047	Transaction ID: 6398 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 20	/ Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Ms. Mary L Landrieu		X Oppose	President X Senat	e State: LA
Calendar Year-To-Date Per Election for Office Sought	7	199041.81	Disbursement For: ☐ Prin 2014 ☐ Other (specify) ▶	nary X General
Full Name of Payee			Date of Public Distribu	ition/Dissemination
Heather A Smith			10 20	2014
Mailing Address 995 Clairborne Rd			Amount	
City	State	Zip Code		48.00
Calhoun	LA	71225	Transaction ID : 5501fl Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	10 / 20	2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Ms. Mary L Landrieu		Oppose	President X Senat	e State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: Pring 2014 Other (specify)	mary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			60.15
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 22 Y	2014
o.g.iataro				

Schedule E)	PAGE 27 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Ame	nends report filed on
Full Name of Payee Heather A Smith	Date of Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd	10 20 2014 Amount
City State Zip Code	13.20
City State Zip Code Calhoun LA 71225	Transaction ID : fbb89dab-099f-49d4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 199041.81	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee Ashlee G Anderson	Date of Public Distribution/Dissemination
Mailing Address 2226 Enloe St	10 20 2014 Amount
City State Zip Code	42.00
Fayetteville NC 28306	Transaction ID: 97adab86-bffb-4a54-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 20 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	55.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 10 / 22 / 2014

Schedule E)	PAGE 28 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Ashlee G Anderson	te of Public Distribution/Dissemination
Mailing Address 2226 Enloe St	10 20 2014
City.	0.20
	6.30 Insaction ID: aa4879d7-0544-4827-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Me Key Hegen	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary
Full Name of Payee Date Monique Guillory	te of Public Distribution/Dissemination
Mailing Address 409 LaSalle Drive	10 20 2014 nount
City State Zip Code	85.00
Little Rock AR 72211 Tran	nsaction ID : d844d13d-41f3-485a-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	91.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Ms. Emily Buchanan [Electronically Filed] Date	22 / 2014

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Monique Guillory		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 409 LaSalle Drive	А	mount
City Sta	ite Zip Code	6.00
Little Rock A		ransaction ID : 16bb1c6c-a6bf-4430-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	Oppose Pro	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	184933.35 Disburse 2014	ment For: Primary ☐ General Other (specify) ▶
Full Name of Payee Corey S McKnight	D	Date of Public Distribution/Dissemination
Mailing Address 1510 Bailey St	A	mount
City	ate Zip Code	45.00
West Monroe L		ansaction ID: 30f6963a-2036-4089-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Mary L Landrieu	∑ Oppose Pr	resident State: LA State:
Calendar Year-To-Date Per Election for Office Sought	199041.81 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	51.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either, o	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 10	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee	Date of Public Distribution/Dissemination
Antoinette Franklin	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St	Amount
City State	Zip Code 60.00
New Orleans LA	70188 Transaction ID : 5199e39b-f9b5-44fb-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 20 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Antoinette Franklin Mailing Address 8822 Apple St	Date of Public Distribution/Dissemination 10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code 15.60
New Orleans LA	70188 Transaction ID : 28072c40-0951-490e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 / 20 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	75.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 10 22 2014
Signature	

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OF

Schedule E)	INDERT EXPERTS	TOTILO		PAGE 31 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour re	port New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M = M	lic Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	20 2014
City	State	Zip Code		60.00
New Orleans	LA	70116		ID: 16e480c3-4432-411a-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 Bate of Biss	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	99041.81	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Tammay Williams			10	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		15.60
New Orleans	LA	70116		ID: 53009caf-82f8-44cf-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	75.60
(b) SUBTOTAL of Unitemized Independent	Expenditures		>	
(c) TOTAL Independent Expenditures			•	42 1 42
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 22	2014

Sche	edule E)	A: E::	101120			PAGE 32 OF 147 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Wo	men Speak Out PAC				СС	00530766
Check	c if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	- M /	D D
	ull Name of Payee Mary D Meens				1 M /	Distribution/Dissemination
M	ailing Address 5724 SW Arrowhead Ct			Amou	10 nt	20 2014
Ci	ity Sta	ıta .	Zip Code	— [_		22.50
	opeka K		66614			: 1ee02383-9b1d-4e72-9 sement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		10 /	20 / 2014
Na	ame of Federal Candidate		Support	Office Sough	ıt:	House District: 00
N	/Ir. Greg Orman		X Oppose	Preside		
	Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursemen 2014	t For:	Primary
	ull Name of Payee Mary D Meens				of Public	Distribution/Dissemination
М	lailing Address 5724 SW Arrowhead Ct			Amou	int	
С	ity Sta	ite	Zip Code			2.49
	Fopeka K:	S 	66614			: df5a16f6-e06f-474f-9 sement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		10 /	20 / 2014
	ame of Federal Candidate		Support	Office Sough	nt:	House District: 00
M	∕lr. Greg Orman		X Oppose	Presid	ent X	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursemer 2014	nt For:	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures				-7-	24.99
(b)	SUBTOTAL of Unitemized Independent Expenditures.					
(c)	TOTAL Independent Expenditures	, 		· .	7	7
with	der penalty of perjury I certify that the independent ex h, or at the request or suggestion of, any candidate or ty committee) any political party committee or its agent	authorized				
_	Ms. Emily Buchanan	[Electroni	ically Filed] Date	10	22	2014
	Signature					

Schedule E)	ENT EXILID	HONES	PAGE 33 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	62.50
Spindale	NC	28160	Transaction ID : 36532c4c-f5c4-4dee-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	041066.50	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			10 20 7 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	44.64
Spindale	NC	28160	Transaction ID: 2cc364f6-d399-4bdf-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1041066.50	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		107.14
#X			
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	NOENT EXILINO	TOTILO		PAGE 34 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jenny N Brown			M = M	c Distribution/Dissemination
Mailing Address 1270 Lovelady Rd			Amount	20 2014
City	State	Zip Code	Turnetin	30.00
West Monroe Purpose of Expenditure	LA	71292 Category/	Date of Disbu	ID: bc3caace-cbb5-4cc7-8 ursement or Obligation
Salary Name of Federal Candidate		Type 001	Office Sought:	20 2014 House District: 00
Ms. Mary L Landrieu		Support Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	199041.81	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee Jenny N Brown			Date of Publi	c Distribution/Dissemination
Mailing Address 1270 Lovelady Rd			Amount	20 2014
City West Monroe	State	Zip Code 71292	Transaction II	3.00 D : 39854514-bf10-45e7-b
Purpose of Expenditure Mileage		Category/ Type 002		ursement or Obligation 20 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		•	33.00
(b) SUBTOTAL of Unitemized Independent	Expenditures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 22	2014

Schedule E)	IN EXILIE	TOTILO	PAGE 35 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination
Mailing Address 134 Shore Crest Circle			10 20 2014 Amount
City	State	Zip Code	60.00
Carrire	MS	39426	Transaction ID: e93bab36-f8a2-44f2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	-	199041.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination
Mailing Address 134 Shore Crest Circle			10 20 2014
			Amount
City	State	Zip Code	13.65
Carrire	MS	39426	Transaction ID: 00b4d552-6fcd-4355-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	199041.81	Disbursement For: Primary Genera 2014 Genera Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		73.65
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
			4 4
(c) TOTAL Independent Expenditures			>
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
James R Hooper	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 502 N Oak St	ount
City State Zip Code	45.00
Little Rock AR 72205 Train	insaction ID : dd24decc-f3d2-4de3-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District:00
Mr. Mark I. Pryor	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify)
Full Name of Payee James R Hooper	te of Public Distribution/Dissemination
Mailing Address 502 N Oak St	10 20 2014 nount
City State Zip Code	11.10
Little Rock AR 72205 Tran	nsaction ID: 90f64856-cd52-4fad-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Mark L Pryor Oppose Pres	sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	56.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 22 / Y Y Y Y Y Y Z Y Z 2014
Signature	

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OF

Schedule E)	LXI LIND	TOTILO		PAGE 37 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Brenda L McCune				of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6				10 20 2014
			Amour	nt
City	State	Zip Code		100.00
Conway	AR	72032		action ID: 8b69618f-e9eb-41cb-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 20 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, 1	84933.35	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Brenda L McCune				10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1254 Fleming St Apt 6			Amour	nt
City	State	Zip Code		67.20
Conway	AR	72032		ction ID : c817745d-0e32-48f0-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 20 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		Oppose	Preside	ent State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	184933.35	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	S			167.20
,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 /	22 / 2014
- 9				

Schedule	E)	TI EXI END			PAGE 38 OF 147 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	I = M / D = D / Y = Y = Y
Full Nar	ne of Payee			Date	of Public Distribution/Dissemination
Edwa	ard N Walker				10 20 / 2014
Mailing	Address 3 Girard St			Amou	ınt
City		State	Zip Code	$ \Gamma$	55.00
Ft Smit	h	AR	72901		saction ID: ccbd1126-280e-4f19-8 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		10 20 7 2014
Name o	f Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mai	k L Pryor		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought	, 1	84933.35	Disbursemer 2014	nt For: Primary
	me of Payee			Date	of Public Distribution/Dissemination
Edwa	ard N Walker				10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 3 Girard St			L	10 20 2017
	3 3 1.2.2.2.			Amou	unt
City		State	Zip Code		15.30
Ft Smit		AR	72901		action ID : 9a6ec87e-8181-46b2-a of Disbursement or Obligation
Purpose Mileage	e of Expenditure e		Category/ Type 002		10 20 / 2014
Name o	f Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Ma	k L Pryor		Oppose	Presid	
	lendar Year-To-Date r Election for Office Sought	7 7	184933.35	Disbursemer 2014 C	nt For:
(a) SUB	FOTAL of Itemized Independent Expenditure	'es		• •	70.30
(b) SUB	FOTAL of Unitemized Independent Expend	itures		•	171171171
(c) TOTA	L Independent Expenditures			•	7 1 7 1 7
with, or a	nalty of perjury I certify that the independ t the request or suggestion of, any candid nmittee) any political party committee or its	late or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	22 2014
Signa	ture				

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Elizabeth H Newlun	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 19762 Waldon Rd	Amount
City State	e Zip Code 30.00
Rogers AR	72756 Transaction ID : cef84c3f-a610-4cca-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
Full Name of Payee Elizabeth H Newlun Mailing Address 19762 Waldon Rd	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Allouit
City State	
Rogers AR	72756 Transaction ID : cb35740f-d7e1-4f46-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 20 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	37.26
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 10 22 2014
Signature	

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Schedule E)	IVI EXI END	HONES	⊢	PAGE 40 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Sue G Walker			10	20 / 2014
Mailing Address 3 Girard			Amount	
City	State	Zip Code		80.00
Fort Smith	AR	72901		: a118642e-a73e-4ac0-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		184933.35	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Sue G Walker			10	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3 Girard			Amount	
City	State	Zip Code		65.40
Fort Smith	AR	72901		: 83b1825d-7c83-4393-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	184933.35	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			145.40
(,,			7	4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 22	2014

Schedule E)	EXI EIVE	TOTILO				PAGE 41 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC						C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Ame	nds repo	rt filed on	M /	D D / Y Y Y Y
Full Name of Payee Daniel M Qauckenbush					- M /	Distribution/Dissemination
Mailing Address 12062 NC 902 Hwy				Amou	10 nt	20 2014
City S	State	Zip Code				50.00
Bear Creek	NC	27207				D : 2afc1e62-6208-4a59-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	М	10 /	20 / 2014
Name of Federal Candidate		Su	ıpport	Office Sough	t:	House District: 00
Ms. Kay Hagan			opose	Preside		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	41066.50		Disbursement 2014 Or	t For: ther (spe	Primary X General ecify) ▶
Full Name of Payee				Date of	of Public	Distribution/Dissemination
Daniel M Qauckenbush				IM	10 /	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12062 NC 902 Hwy				Amou	nt	
City	State	Zip Code				22.80
'	NC	27207		Transa Date	ction ID	: ca76e6d4-0da6-4741-a irsement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		10 /	20 / 2014
Name of Federal Candidate		Sı	upport	Office Sough	t:	House District: 00
Ms. Kay Hagan		X o	ppose	Preside	ent >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1041066.50		Disbursemen 2014 O		Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				.		72.80
(b) SUBTOTAL of Unitemized Independent Expenditure	es			. —		
					7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures				•	-7-	1141141
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electroni	cally Filed]	Date	10 /	22	2014
Signature						

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Diane Smith		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswalk Place	Ar	mount
City	ate Zip Code	11.50
		ransaction ID : bf89a276-2aa6-4c85-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 20 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	1041066.50 Disburser 2014	ment For:
Full Name of Payee Diane Smith Mailing Address 4006 Wolkswalk Place	Da	ate of Public Distribution/Dissemination
4006 Wolkswalk Place	Ar	mount
City	ate Zip Code	6.30
		ansaction ID : 5abbb23f-e6d1-4f5b-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 20 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pre	esident X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1041066.50 Disburset 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	17.80
(b) SUBTOTAL of Unitemized Independent Expenditures	,	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	22 / 2014
Signature		

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Schedule E)	JENT EXILIND	HONES	PAGE 43 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination
Mailing Address 106 Wyncrest Ct			10 20 2014
			Amount
City	State	Zip Code	20.00
Hendersonville	TN	37075	Transaction ID: b39728d7-48f3-45d6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		184933.35	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kinsey E Beck			10 20 7 2014
Mailing Address 103 Glenhaven Ct			Amount
City	State	Zip Code	20.00
Harvest	AL	35749	Transaction ID: b626dbe4-d582-45b9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	184933.35	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Exper	nditures		40.00
(-,			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Kinsey E Beck	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Glenhaven Ct	Amount
City State Zip Code	11.10
Harvest AL 35749	Transaction ID: 7d611742-dd16-496d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark I. Pryor	resident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary General
	Other (specify) ►
Full Name of Payee Ronald W Ryckman	Date of Public Distribution/Dissemination
Mailing Address 503 N Cedar St	10 20 2014 Amount
City State Zip Code	100.00
Meade KS 67864 Tr	ransaction ID: 17f2aba8-d202-413e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
	resident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	111.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, c party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	IDENT EXICEND	II OILEO		PAGE 45 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	ort New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Trull Name of Payer				
Full Name of Payee Ronald W Ryckman			Date of Publ	ic Distribution/Dissemination / 20 2014
Mailing Address 503 N Cedar St			Amount	
City	State	Zip Code		14.40
Meade	KS	67864		ID: 78e2f64a-df9a-41d1-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Lee R Carter			M M M 10	20 / 2014
Mailing Address 3110 Brentwood Rd				20 2011
			Amount	
City	State	Zip Code		90.00
Raleigh	NC	27604		ID: 750cbb17-9d71-4d4f-8 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 ^M	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1041066.50	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		>	104.40
(b) SUBTOTAL of Unitemized Independent E	Expenditures		· •	
(c) TOTAL Independent Expenditures			•	7 1 7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 / 22	2014
Signature		_		

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Lee R Carter	10 20 7 2014
Mailing Address 3110 Brentwood Rd	nount
City State Zip Code	14.10
Raleigh NC 27604 Tra	ansaction ID: 765445a4-4c87-4ff9-9 tte of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 20 / 2014
Name of Federal Candidate Support Office Soil	ught: House District:00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For:
	ate of Public Distribution/Dissemination
Nathan D Stevens	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9653 Nations Dr	nount
City State Zip Code	20.00
Springdale AR 72762 Tra	nsaction ID: 7df83bc3-6b78-4df7-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Mr. Mark L Pryor Oppose Pre	esident State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	34.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	22 2014
Signature	

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OF

Schedule E)	PAGE 47 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Nathan D Stevens	Date of Public Distribution/Dissemination
Mailing Address 9653 Nations Dr	10 20 2014 Amount
City. State 7in Code	5.40
City State Zip Code Springdale AR 72762	5.40 Transaction ID : c2a3ca1d-1ebf-49a3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 / Y 2014
Name of Federal Candidate Support Office	ee Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary
Full Name of Payee Misty A Ledford	Date of Public Distribution/Dissemination
Mailing Address 44 Bell St	10 20 2014 Amount
011	
City State Zip Code Spruce Pine NC 28777	60.00 Transaction ID : 536fb8a9-fb39-464e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disk 201:	oursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	65.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed or	1 M M / D D / Y Y Y Y Y
	Date of Public Distribution/Dissemination
Misty A Ledford	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell St	Amount
City State Zip Code	22.80
Spruce Pine NC 28777	Fransaction ID: 994b0528-aa44-4a2e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 / 2014
Name of Federal Candidate Support Office S	Sought: House District:00
Ms Kay Hagan	resident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary
Full Name of Payee Claire A Smith	Date of Public Distribution/Dissemination
Siano / Cimun	10 20 2014
Mailing Address 6610 Walcott Rd	Amount
City State Zip Code	55.00
	ransaction ID : a4e05b46-b965-4b02-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark L Pryor Oppose P	resident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	77.80
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Sch	hedule E)		PAGE 49 OF 147 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC		C C00530766
Chec	eck if 24-hour report X 48-hour report X New report Amends rep	port filed on	M
_			
	Full Name of Payee Claire A Smith		of Public Distribution/Dissemination
1	Mailing Address 6610 Walcott Rd	Amou	int
	City State Zip Code		12.00
L	Paragoud AR 72450		saction ID : ae65a8c4-292e-4e0f-b of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	2 M	10 20 / Y Y Y Y Y Y
1	Name of Federal Candidate Support	Office Sough	nt: House District: 00
	Mr. Mark L Pryor Oppose	Preside	ent State: AR
	Calendar Year-To-Date Per Election for Office Sought 184933.35	Disbursemen 2014 O	nt For:
	Full Name of Payee	Date	of Public Distribution/Dissemination
	Melissa D Turner	N	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Mailing Address 9653 Nations Dr		10 20 2011
		Amou	ınt
	City State Zip Code		80.00
	Springdale AR 72762	Transa Date	action ID : fc4732d3-f651-444b-8 of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	N	10 / 20 / 2014
Г	Name of Federal Candidate Support	Office Sough	nt: House District: 00
	Mr. Mark L Pryor Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought 184933.35	Disbursemen 2014	nt For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	▶	92.00
(b	b) SUBTOTAL of Unitemized Independent Expenditures	··· •	7 1 7 1 7
(0	c) TOTAL Independent Expenditures	···· •	7 1 7 1 7
wi	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent earty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Dat	te 10	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	PAGE 50 OF 147 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC C C00530766				
Check if 24-hour report X 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y			
Full Name of Payee Joshua D Syrotchen	Date of Public Distribution/Dissemination			
Mailing Address 915 East Market Ave	10 20 2014 Amount			
City State Zip Code	60.00			
Searcy AR 72149	Transaction ID : a4cb6729-6af6-4766-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014 2014			
Name of Federal Candidate Support Office S	Sought: House District: 00			
Mr. Mark I. Prvor	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For: Primary			
Full Name of Payee Joshua D Syrotchen	Date of Public Distribution/Dissemination			
Mailing Address 915 East Market Ave	10 20 2014 Amount			
	40.00			
	48.60 Fransaction ID : 9af959e7-d9cb-4925-8 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage Category/ Type 002	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office S	Sought: House District: 00			
Mr Mark I Pryor	President State: AR			
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	108.60			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronically Filed] Date 10	22 / 2014			

	include Ly	FOR SE OF FORM 24/48			
	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
۷۱	omen Speak Out PAC	C C00530766			
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y			
٦	Full Name of Payee	Date of Public Distribution/Dissemination			
	Janet Morris	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 620 Old Barbome Rd Lot 2	Amount			
	City State Zip Code	35.00			
	West Monroe LA 71291	Transaction ID: c7707432-9939-4c8c-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary Category/ Type 001	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate Support Office	Sought: House District:00			
	Ms. Mary L Landrieu Oppose	President State: LA			
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General			
		Other (specify) -			
	Full Name of Payee Patrice Wolfe	Date of Public Distribution/Dissemination			
	Mailing Address 9909 Treasure Hill Rd	10 20 2014 Amount			
	City State Zip Code	10.00			
	·	Transaction ID: e5d70c82-269f-4dcc-b			
	Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation 10 20 2014			
	Name of Federal Candidate Support Office	Sought: House District: 00			
	W W 11 B	President State: AR			
		rsement For:			
	(a) SUBTOTAL of Itemized Independent Expenditures	45.00			
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
,	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date) 22 2014			
	Signature				

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	te of Public Distribution/Dissemination
Patrice Wolfe		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd	An	nount
City	ate Zip Code	1.80
	NR 72205 Tra	ansaction ID : 97e14cbb-c3a3-4c3b-a te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ught: House District: 00
Mr. Mark L Pryor	Oppose Pre	sident State: AR
Calendar Year-To-Date Per Election for Office Sought	184933.35 Disbursen 2014	nent For:
Full Name of Payee Timothy D Heitman Mailing Address 2520 Helmstetler Rd	De	ate of Public Distribution/Dissemination
ESES HOMOGRAFINA	An	nount
l '	ate Zip Code	40.00
		nsaction ID : 31fb85ad-46fc-45f0-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 20 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	1041066.50 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	41.80
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 7 7
(c) TOTAL Independent Expenditures	······	1 1 7 1 7 1 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	22 2014
Signature		

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OF

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Maria A Britt	10 20 / 2014
	Mailing Address 4894 Thunder Bolt	Amount
	City State Zip Code	50.00
	Concord NC 28205	Transaction ID : d32a0952-6ebd-4d99-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee Maria A Britt	Date of Public Distribution/Dissemination
	Mailing Address 4894 Thunder Bolt	10 20 2014 Amount
	City State Zip Code	9.60
	Concord NC 28205	Transaction ID : b6ef7ab9-4a19-4881-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type O02	10 20 / Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	59.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (1) 7) 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report f	illed on DD / YTYTY
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher Marquess	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St	Amount
City State Zip Code	40.00
Ville Platte LA 70586	Transaction ID : 2683589e-cc06-4cbf-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 D D Y Y Y Y Y Y 2014
Name of Federal Candidate Support O	office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calcillati Ioal Io Bato	isbursement For: Primary General Other (specify) ▶
Full Name of Payee	
Christopher Marquess	Date of Public Distribution/Dissemination 10 20 2014
Mailing Address 110 W Pecan St	Amount
City State Zip Code	35.10
Ville Platte LA 70586	Transaction ID: 849e4215-401b-4d08-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 20 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	on the displacement in th
(a) SUBTOTAL of Itemized Independent Expenditures	75.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 2014
Signature	

PAGE

OF

Schedule E)	DENT EXTEND	ITOTILO	PAGE 55 OF FOR SE OF FORM 2	147 4/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
women Speak Out PAC	Women Speak Out PAC				
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	t filed on M M / D D / Y Y Y	Y	
Full Name of Payee			Date of Public Distribution/Dissemin	ation	
Carla K Pilgreen			10 DD / Y Y Y 201	4	
Mailing Address 212 Stonecliff Dr			Amount		
City	State	Zip Code		75.00	
West Monro	LA	71291	Transaction ID: 9dced2fd-e546-40 Date of Disbursement or Obligation	44-9	
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y 201	4	
Name of Federal Candidate		Support	Office Sought: House District: _	00	
Ms. Mary L Landrieu		X Oppose	President Senate State: -	LA	
Calendar Year-To-Date Per Election for Office Sought	1	99041.81	Disbursement For: Primary	General	
Full Name of Payee			Date of Public Distribution/Dissemin	ation	
Carla K Pilgreen			10 20 Y Y Y 20°	14	
Mailing Address 212 Stonecliff Dr			Amount		
City	State	Zip Code	17	7.31	
West Monro	LA	71291	Transaction ID : 2bfd4982-0500-446 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10 20 7 201	4	
Name of Federal Candidate		Support	Office Sought: House District:	00	
Ms. Mary L Landrieu		X Oppose	President Senate State:	LA	
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: Primary	General	
(a) SUBTOTAL of Itemized Independent Expe	enditures		92.3	31	
(2, 222.2.1.2.2					
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		>		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 22 2014		

Schedule E)	EL LIVELLI EXI ENDI	101120		PAGE 56 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC C coopsigned C coopsigned				
Check if 24-hour report X 48-h	our report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Luke S Buren			10	20 / 2014
Mailing Address 415 E Carroll			Amount	
City	State	Zip Code		20.00
Macomb	IL	61455		ID: c3e2f139-8320-4f71-a
Purpose of Expenditure Salary		Category/ Type 001	M 10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	84933.35	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Staci J Ingram			10	20 / 2014
Mailing Address 2 Crest Knolls Dr	Apt 16B			20 2017
			Amount	
City	State	Zip Code		30.20
Taylorsville	NC	28681	Transaction II Date of Disbu	D: 206f1015-2865-4886-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 10	20 7 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1041066.50	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independ	ent Expenditures		>	50.20
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	10 / D D D 22	2014
Signature		_		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Staci J Ingram	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2 Crest Knolls Dr Apt 16B	Amount
	City State Zip Code	15.99
	Taylorsville NC 28681	Transaction ID : ccccf676-67a2-4a57-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General
		Other (specify) -
	Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination
	Mailing Address 605 W Houston St	10 20 2014 Amount
	City State Zip Code	80.00
	Marshall TX 75633	Transaction ID: 43a2e18d-70b4-4839-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 20 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	95.99
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	
	Signature	

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Schedule E)	NOLIVI EXI ENDI	TOTILO		PAGE 58 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC C coopsioned C coopsioned				
Check if 24-hour report X 48-hour rep	port New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Alice K Salazar			10	20 / 2014
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		48.60
Marshall	TX	75633		n ID: 47cbcd93-766a-4397-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	99041.81	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Colton R Overcash			M M	/ D D / Y Y Y Y Y
Mailing Address 121 Ohara Dr			10	20 2014
Mailing Address 121 Ohara Dr			Amount	
City	State	Zip Code		65.00
Salisbury	NC	28147	Transaction Date of Dis	ID: 1e6abcbf-616e-4e8b-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1041066.50	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		· >	113.60
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 22	
Signature		_		

Scl	hedule E)		101120		PAGE 59 OF 147 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed o	on M M / D D / Y Y Y Y Y
T	Full Name of Payee Colton R Overcash				Date of Public Distribution/Dissemination
-	Mailing Address 121 Ohara Dr				10 20 2014 Amount
-	City S	State	Zip Code		90.30
		NC	28147		Transaction ID: 635f0639-682b-4c1c-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	02	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Kay Hagan		X Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	041066.50	Disbur 2014	rsement For: Primary
	Full Name of Payee Nick Berryhill				Date of Public Distribution/Dissemination
	Mailing Address 905 Lake Drive				Amount
1	City	State	Zip Code		100.00
		NC	28152	-	Transaction ID : 6fb8451c-4933-4b10-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00)1	10 / 20 / Y 2014
	Name of Federal Candidate		Support	t Office	Sought: House District: 00
	Ms. Kay Hagan		Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1041066.50	Disbur 2014	rsement For: Primary X General Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures			····· •	190.30
(I	b) SUBTOTAL of Unitemized Independent Expenditure	∋s		····· >	
(0	c) TOTAL Independent Expenditures			······ >	
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate earty committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	ate 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Women Speak Out PAC Check if 24-hour report	ooneddic Ly	FOR SE OF FORM 24/48
Check if 24-hour report	NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Nick Berryhill	women Speak Out PAC	C C00530766
Nick Berryhill Mailing Address 905 Lake Drive City State Zip Code Shelby NC 28152 Transaction ID : 214d3def-8e4b-4ac6-9 Date of Disbursement or Obligation Purpose of Expenditure Mileage Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Oppose Peresident Senate State: NC Calendar Year-To-Date Peresident Senate State: NC Transaction ID : 214d3def-8e4b-4ac6-9 Date of Disbursement or Obligation Ms. Kay Hagan Oppose Peresident Senate State: NC Calendar Year-To-Date Disbursement For: Primary Gener Peresident Senate State: NC City State Zip Code Alexander AR 72002 Alexander AR 72002 Transaction ID : 250a475c-3b58-4796a-Bate of Disbursement For: Date President Senate State: AR Name of Federal Candidate Mr. Mark L Pryor Oppose State: Alexander Salary Oppose President Senate State: AR Calendar Year-To-Date Per Election for Office Sought 184933.35 Calendar Year-To-Date Per Election for Office Sought Senate State: AR Calendar Year-To-Date Per Election for Office Sought Senate State: AR Calendar Year-To-Date President Senate State: AR Calendar Year-To-Date Disbursement For: Primary Gener 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concervity, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politics or authorized committee or agent of either, or (if the reporting entity is not a politics or authorized committee or agent of either, or (if the reporting entity is not a politics or authorized committee or agent of either, or (if the reporting entity is not a politics)	Check if 24-hour report X 48-hour report New report Amends r	report filed on Man / Dab / Yayayay
Mailing Address 905 Lake Drive City State Zip Code Shebby NC 28152 Purpose of Expenditure Mileage Category/ Date of Disbursement or Obligation Ms. Kay Hagan Support Office Sought House District: 00 President Senate State: NC Category Date of Disbursement or Obligation Ms. Kay Hagan Support Office Sought House District: 00 President Senate State: NC Category Date of Public Distribution/Dissemination Calendar Year-To-Date Per Election for Office Sought Date of Public Distribution/Dissemination Todd Ellis Date of Public Distribution/Dissemination City State Zip Code Transaction ID: 250a475-2458-4796-8 Date of Disbursement or Obligation Amount Transaction ID: 250a475-2458-4796-8 Date of Disbursement or Obligation Todd Ellis Date of Public Distribution/Dissemination Todd Ellis Date of Public Distribution/Dissemination Todd Ellis Date of Disbursement or Obligation Todd Ellis Date of Public Distribution/Dissemination Todd Ellis Date of Public Distribution/Dissemination Todd Ellis Date of Disbursement or Obligation Todd Ellis Date of Disbursement or Obligation Todd Ellis Date of Disbursement or Obligation Todd Ellis Date of Public Distribution/Dissemination Todd Ellis Date of Disbursement or Obligation Todd Ellis Date of Public Distribution/Dissemination Todd Ellis Date of Disbursement or Obligation Todd Ellis Date of Disbursement or Obligation Todd Ellis Date of Public Distribution/Dissemination Todd Ellis Date of Distribution/Disseminatio		Date of Public Distribution/Dissemination
City State Zip Code Shelby NC 28152 Purpose of Expenditure Mileage Category/ Mileage Category/ Type O02 Tith Other (specify)	·	
Shelby NC 28152 Purpose of Expenditure Category/ Type O02 Name of Federal Candidate Support Office Sought House District: O0 President Senate State: NC Category/ O02 Office Sought House District: O0 President Senate State: NC Oppose President Office Sought Office	Mailing Address 905 Lake Drive	Amount
Shelby NC 28152 Purpose of Expenditure Category/ Type O02 Name of Federal Candidate Support Office Sought House District: O0 President Senate State: NC Category/ O02 Office Sought House District: O0 President Senate State: NC Oppose President Office Sought Office	City State Zin Code	16.20
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought City Salary Category/ Mailing Address Purpose of Expenditure Salary Category/ Type Oo2 President Senate State: NC Disbursement For: Primary Gener 2014 Other (specify) Date of Public Distribution/Dissemination Mit Name of Payee Todd Ellis City State Zip Code Alexander AR 72002 Transaction ID: 250a475c-355a-4796-8 Date of Disbursement or Obligation Amount City State Salary Category/ Type Oo1 Mr. Mark L Pryor Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Thouse District: Oo President Senate State: AR Date of Disbursement or Obligation Transaction ID: 250a475c-355a-4796-8 Date of Disbursement or Obligation To Disbursement For: Disbursement For: Primary Gener Calendar Year-To-Date Per Election for Office Sought Thouse District: Oo President Senate State: AR Disbursement For: Primary Gener Calendar Year-To-Date Per Election for Office Sought To Disbursement For: Primary Gener Calendar Year-To-Date Per Election for Office Sought To Disbursement For: Primary Gener Calendar Year-To-Date Per Election for Office Sought To Disbursement For: Primary Gener Calendar Year-To-Date Per Election for Office Sought To Disbursement For: Primary Gener Calendar Year-To-Date Per Election for Office Sought To Disbursement For: Primary Gener College Sought To Disbursement For: Primary College Sought To Disbursement For: Primary College Sought T	1	Transaction ID : 214d3def-8e4b-4ac6-9
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC	Mileage Category/	M = M / D = D / Y = Y = Y
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought 1041066.50 Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought 1041066.50 Disbursement For: Primary General Calendar Year-To-Date Propose of Expenditure Category/ Type Typ	Name of Federal Candidate Suppor	t Office Sought: House District: 00
Per Election for Office Sought Full Name of Payee Todd Ellis Mailing Address P.O. Box 712 City State Zip Code Alexander AR 72002 Purpose of Expenditure Salary Category/ 1/10	Mar Kara Harra	
Full Name of Payee Todd Ellis Mailing Address P.O. Box 712 City State Zip Code Alexander AR 72002 Purpose of Expenditure Salary Category/ Tiype Office Sought: House District: 00 Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or authorized committee or agent of either, or (if the reporting entity is not a political work or autho	4044000 50	2014
Todd Ellis Mailing Address P.O. Box 712 City State Zip Code Alexander AR 72002 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politice with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politice with or a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either or (if the reporting entity is not a politice or agent of either or (if t		Other (specify) ▶
Mailing Address P.O. Box 712 City State Zip Code AR 72002 Transaction ID : 250a475c-3b58-4796-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ 001 Name of Federal Candidate Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Taking Amount Amount Amount Amount Category/ 001 Topose Date of Disbursement or Obligation Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Taking AR Disbursement For: Primary Gener 2014 Other (specify) ▶ Category/ 001 Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Topose President Senate State: AR Other (specify) ▶ Category/ 001 Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Topose President Senate State: AR Other (specify) ▶ Category/ 001 Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Topose President Senate State: AR Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political		M M / D D / Y Y Y Y
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Purpose of Expenditure Salary Category/ Type Out Type Out Office Sought: House District: Out Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Takes and the second of the		Transaction ID : 250a475c-3b58-4796-8
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 184933.35 Disbursement For: Primary Gener 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures Per Election for Office Sought Other (specify) ▶ (b) SUBTOTAL of Unitemized Independent Expenditures Per Election for Office Sought Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either (in the committee or agent	Salan/	M M / D D / Y Y Y Y
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political politica	Name of Federal Candidate Suppor	t Office Sought: House District: 00
Per Election for Office Sought 184933.35 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures	10 1000 05	2014
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(a) SUBTOTAL of Itemized Independent Expenditures	96.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(c) TOTAL Independent Expenditures	
	with, or at the request or suggestion of, any candidate or authorized committee or age	
Ms. Emily Buchanan [Electronically Filed] Date 10 22 2014	[El-+	
Signature		

PAGE 60

OF

	include Ly	FOR SE OF FORM 24/48				
	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
۷۱	/omen Speak Out PAC	C C00530766				
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y				
٦	Full Name of Payee	Date of Public Distribution/Dissemination				
	Todd Ellis	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address P.O. Box 712	Amount				
	City State Zip Code	36.60				
	Alexander AR 72002	Transaction ID : 1efe6c6c-d448-4096-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage Category/ Type 002	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Office	Sought: House District:00				
	Mr. Mark L Pryor Oppose	President Senate State: AR				
	104000 05	rsement For: Primary X General				
	Per Election for Office Sought 184933.35 2014	Other (specify) ▶				
	Full Name of Payee OLynda Walker	Date of Public Distribution/Dissemination				
	Mailing Address 10000 Mount Pleasant Rd	10 20 2014				
	- 10000 INIOUNI I IBASANI INU	Amount				
	City State Zip Code	50.00				
	Midland NC 28107	Transaction ID: 81a1087a-cbe1-4524-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary Category/ Type 001	10 20 2014				
	Name of Federal Candidate Support Office	Sought: House District:00				
		President State: NC				
		rsement For:				
_	(a) SUBTOTAL of Itemized Independent Expenditures	86.60				
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures					
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed] Date					
	Signature					

PAGE 61

OF

Schedule E)	TT EXI END	TI OTILO		PAGE 62 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FF	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee OLynda Walker			M	
Mailing Address 10000 Mount Pleasant Rd			Amount	20 2014
City	State	Zip Code		9.60
Midland	NC	28107		ion ID : 410f2924-6be2-4fcb-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	041066.50	Disbursement For 2014 Othe	or:
Full Name of Payee			Date of I	Public Distribution/Dissemination
Danielle E Grindstaff			M 10	
Mailing Address 147 Possum Trot Rd				25 2511
			Amount	
City	State	Zip Code		60.00
Bakersville	NC	28705		on ÍD : d7c703b8-fc94-4072-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1041066.50	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		>	69.60
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	4 1 4 1 4 1
(c) TOTAL Independent Expenditures			· ·	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		22 2014
Signature				

Schedule E)	PAGE 63 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amen	ds report filed on MMM / DDD / YTYTY
Full Name of Payee Laura U Logie	Date of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle	10 20 2014 Amount
City State Zip Code	60.00
City State Zip Code Harrisonburg VA 22801	Transaction ID: 56fe9b50-b518-44bc-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 20 7 2014
Name of Federal Candidate Sur	pport Office Sought: House District: 00
Mr. Orani Orani	pose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 71523.33	Disbursement For: Primary X General 2014
Full Name of Payee Shelby J Davis	Date of Public Distribution/Dissemination
Mailing Address 6414 The Divide Pkwy	10 20 2014 Amount
Apt 204	Allount
City State Zip Code Little Rock AR 72223	35.00 Transaction ID : 149d8b6f-4a91-4803-a
Purpose of Expenditure Salary Category/ Type	Date of Disbursement or Obligation 001 Date of Disbursement or Obligation 201 2014
Name of Federal Candidate Sur	pport Office Sought: House District: 00
I.v. v. 11.5	pose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 184933.35	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or aparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 10 / 22 / 2014

Fill Name of Payee Francis Richardson Malling Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Prancis Richardson Malling Address 220 Doucet Rd Calendar Year-To-Date Prancis Richardson Malling Address 220 Doucet Rd Calendar Year-To-Date Prancis Richardson Malling Address 220 Doucet Rd Category' Double Sought Disbursement For: Primary General Candidate Amount City State Zip Code Category' Double Sought Date of Public Distribution/Dissemination Transaction ID : e4e10bea-30a7-4/20-a Date of Disbursement or Obligation President Seates State LA Disbursement For: Primary General Category' Double Distribution/Dissemination Transaction ID : b8523a17-e257-426-b Date of Public Distribution/Dissemination Transaction		nedule Ly		FOR SE OF FORM 24/48
Check if 24-hour report			FEC IDE	ENTIFICATION NUMBER ▼
Full Name of Payee Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Name of Federal Candidate Ms. Mary L Landrieu City State Zip Code Calendar Year-To-Date Fell Cition of Office Sought Full Name of Payee Francis Richardson Mailing Address 220 Doucet Rd Category/ Dot 10 10 20 20 4 2014 Amount Category/ Dot 10 10 20 20 2014 Category/ Dot 2014 Category/	۷V	omen Speak Out PAC	C	000530766
Mailing Address 220 Doucet Rd	Che	ck if 24-hour report X 48-hour report New report Amends report filed	on/	D = D / Y = Y = Y
Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Name of Federal Candidate Ms. Mary L Landrieu Category' Type 001 Category' Type 001 Category' Type 001 Category' Diffice Sought Category' Type 001 Category' Type 002 Category' Type 003 Category' Type 003 Category' Type 004 Category' Type 005 Category' Type 004 Category' Type 005 Category Type	Т	Full Name of Payee	Date of Public	Distribution/Dissemination
City State Zp Code Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Pransic Richardson Mailing Address 220 Doucet Rd City State Zp Code Category/ Figure Category/ President Senate State: Calendar Year-To-Date Pransic Richardson Mailing Address 220 Doucet Rd City State Zp Code No. Mary L Landrieu Category/ Name of Federal Candidate Ms. Mary L Landrieu Category/ Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Pre Election for Office Sought Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Pre Election for Office Sought Transaction ID : 86523a17-e257-42e3-b Date of Public Distribution/Dissemination Tr				
Lafayette		Mailing Address 220 Doucet Rd	Amount	
Lafayette	ŀ	City State Zip Code		15.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu City State Lafayette Lafayette Lafayette Name of Federal Candidate Name of Payee Prancis Richardson City State Lafayette Lafayette Lafayette Lafayette Lafayette Lafayette Lafayette Lafayette Support Name of Federal Candidate Name of Federal Candid		·) : e4e10bea-30a7-4f20-a
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Lafayette LA 70503 Purpose of Expenditure Mileage Category/ Mileage Calendar Year-To-Date Purpose of Expenditure Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Transaction ID: b8523a17-e257-42e8-b Date of Disbursement or Obligation Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General State: LA Disbursement For: Primary General State: LA Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Filed Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Filed Calendar Year-To-Date President Filed Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Filed Calendar Year-To-Date President Filed Calendar Y		Salan/	M = M /	D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Lafayette LA 70503 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan Electronically Filted Date 10	ı	Name of Federal Candidate Support Office	Sought:	House District: 00
Per Election for Office Sought Full Name of Payee Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures aparty committee) any political party committee or its agent. Ms. Emily Buchanan (Electronically Filed) Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination To 20 / 2014 Amount Transaction ID : b8523a17-e257-4263- Transaction ID : b8523a17-e257				Senate State: LA
Full Name of Payee Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Purpose of Expenditure Mileage Category/ Ms. Mary L Landrieu Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination 10		Calcillati Teal To Bate		
Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Mary L Landrieu Support Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	ŀ			
Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Support Calendar Year-To-Date Per Election for Office Sought 199041.81 Calendar Yea			M - M /	D D / Y Y Y Y
Lafayette LA 70503 Transaction ID: b8523a17-e257-42c8-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought To 20 Office Sought: House District: O0 Disbursement For: Primary Senate State: LA Other (specify) Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: b8523a17-e257-42c8-b Date of Disbursement or Obligation To 20 Office Sought: House District: O0 Office Sought: House District: O0 Other (specify) To 20 Other (specify) In 20 Other (specify)	ŀ	Mailing Address 220 Doucet Rd	النسا	20 2014
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Disbursement For: Primary Other (specify) Other (specify) 15.93 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ŀ	City State Zip Code		0.93
Purpose of Expenditure Mileage Name of Federal Candidate Support		Lafayette LA 70503	Transaction ID Date of Disbur	: b8523a17-e257-42c8-b
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		Mileage Category/ 002	M = M /	D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought 199041.81 Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Disbursement For: Primary General Other (specify) Total Other (specify) Date Other (specify)	ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
Per Election for Office Sought 199041.81 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Ms. Mary L Landrieu Oppose	President X	Senate State: LA
(b) SUBTOTAL of Unitemized Independent Expenditures		100011 01 2011		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date Date	(a) SUBTOTAL of Itemized Independent Expenditures	7	15.93
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Date Date	(b) SUBTOTAL of Unitemized Independent Expenditures		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M	(c) TOTAL Independent Expenditures		4
[Electronically Filed] Date 10 22 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either		
- Batto		[E1 - 4		
Signature — — — — — — — — — — — — — — — — — — —		Signature		

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OF

Schedule E)		101120		PAGE 65 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-ho	our report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Katie A Barros				blic Distribution/Dissemination
Mailing Address PO Box 398			10	20 / 2014
			Amount	
City	State	Zip Code		60.00
Neosho	МО	64850		n ID: 0bbd4cbf-de3d-4225-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	¹ 20 ¹ 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	84933.35	Disbursement For: 2014 Other (: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Katie A Barros			M M M	/ D D / Y Y Y Y Y Y Y 2014
Mailing Address PO Box 398			Amount	
			Amount	
City	State	Zip Code		18.00
Neosho	МО	64850		n ID: 3bf4e8f2-5d6a-4529-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	/ 20 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		184933.35	Disbursement For 2014 Other	: Primary X General
(a) SUBTOTAL of Itemized Independent	ent Expenditures		•	78.00
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures		· •	7
(c) TOTAL Independent Expenditures.			>	7 1 7 1 7 1
Under penalty of perjury I certify that with, or at the request or suggestion c party committee) any political party co	f, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 22	
Signature				

FEC IDENTIFICATION NUMBER ▼ C C C C C C C C C		icatic L)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Landon R Boyles State Zip Code Referred Candidate Support Amount Salare Salar	VV	omen Speak Out PAC	C C00530766
Landon R Boyles Mailing Address 211 Hidden Meadows Dr City State Zip Code Benton AR 72015 Purpose of Expenditure Salary Name of Federal Candidate Support Calendar Year-10-Date Per Election for Office Sought 184933.35 Full Name of Payee Landon R Boyles Mailing Address 211 Hidden Meadows Dr Calendar Year-10-Date Purpose of Expenditure Benton AR 72015 Disbursement For: Primary General State: AR President State: AR	Ched	ck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 211 Hidden Meadows Dr City State Zip Code AR 72015 Purpose of Expenditure Salary Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought 184933.35 Full Name of Payee Landon R Boyles Mailing Address 211 Hidden Meadows Dr City State Zip Code Tespenditure State: AR Disbursement For: Primary General Per Election for Office Sought 10 20 2014 Mailing Address 211 Hidden Meadows Dr City State Zip Code Benton AR 72015 Purpose of Expenditure Mileage 25.20 Transaction ID: 4559e519-9145-4c-17-a Date of Disbursement For: Disbursement For: Primary General Per Election for Office Sought 184933.35 Disbursement For: Primary General Per Election for Office Sought 10 20 2014 Amount Transaction ID: 4559e19-9145-4c-17-a Date of Public Distribution/Dissemination 10 20 20 2014 Amount Transaction ID: 4559e19-9145-4c-17-a Date of Public Distribution/Dissemination 10 20 20 2014 Amount Transaction ID: 4559e19-9145-4c-17-a Date of Public Distribution/Dissemination 10 20 20 2014 Amount Transaction ID: 4559e19-9145-4c-17-a Date of Public Distribution/Dissemination 10 20 20 2014 Amount Transaction ID: 4559e19-9145-4c-17-a Date of Public Distribution/Dissemination 10 20 20 2014 Amount Transaction ID: 4559e19-9145-4c-17-a Date President X Senate State: AR Date of Disbursement or Obligation 10 20 20 2014 Amount Transaction ID: 4559e19-9145-4c-17-a Date President X Senate State: AR Date of Disbursement or Obligation 10 20 20 2014 Transaction ID: 4559e19-9145-4c-17-a Date President X Senate State: AR Date of Disbursement For: Primary General President X Senate State: AR Date of Disbursement For: Primary General President X Senate State: AR Date of Disbursement For: Primary General President X Senate State: AR Date of Disbursement For: Primary General President X Senate State: AR Date of Disbursement For: Primary Senate State: AR	T	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Benton AR 72015 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mailing Address 211 Hidden Meadows Dr City State Zip Code Benton AR 72015 Category/ President Senate State: AR Disbursement For: Primary General Per Election for Office Sought House District: 00 Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 184933.35 Disbursement For: Primary General Per Election for Office Sought House District: 00 Mr. Mark L Pryor Date of Public Distribution/Dissemination 10 20 2014 Maring Address 211 Hidden Meadows Dr City State Zip Code Benton AR 72015 Purpose of Expenditure Mileage Category/ Mileage Category Mileage Date of Disbursement or Obligation Mr. Mark L Pryor Qoppose President Senate State: AR Calendar Year-To-Date State State State AR Calendar Year-To-Date Senate State AR Calendar Year-To-Date Senate State AR Calendar Year-To-Date Senate State AR Calendar Year-To-Date Primary General Are to the pri		·	
Benton AR 72015 Furpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor City Senter City Senter City Senter City Senter City Senter City Senter Category/ Type City State City Senter Category/ Type City Category/ Type Category/ Type City Category/ Type City Category/ Type Code Transaction ID: 4b58e819-945-4c17-a Date of Disbursement For: Primary Category/ Type City Category/ Type City Cit		Mailing Address 211 Hidden Meadows Dr	Amount
Benton AR 72015 Furpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor City Senter City Senter City Senter City Senter City Senter City Senter Category/ Type City State City Senter Category/ Type City Category/ Type Category/ Type City Category/ Type City Category/ Type Code Transaction ID: 4b58e819-945-4c17-a Date of Disbursement For: Primary Category/ Type City Category/ Type City Cit		City State Zip Code	35.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Euli Name of Pagese Landon R Boy/es City State Zip Code Benton AR 72015 Purpose of Expenditure Mileage Name of Federal Candidate Mark L Pryor City State Zip Code Benton AR 72015 Transaction ID : 023ebd4d-635e-4661-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Mileage Category/ Mileage Category/ Type OD2 Transaction ID : 023ebd4d-635e-4661-a Date of Disbursement or Obligation Transaction ID : 023ebd4d-635e-4661-a Date of Disbursement or Obligation Transaction ID : 023ebd4d-635e-4661-a Date of Disbursement or Obligation Transaction ID : 023ebd4d-635e-4661-a Date of Disbursement or Obligation Transaction ID : 023ebd4d-635e-4661-a Date of Disbursement or Obligation Transaction ID : 023ebd4d-635e-4661-a Date of Disbursement or Obligation Transaction ID : 023ebd4d-635e-4661-a Date of Disbursement For: Disbursement For: Disbursement For: Disbursement For: Primary Ageneral Calendar Year-To-Date Per Election for Office Sought Is4933.35 Disbursement For: Primary Ageneral Other (specify) City Office Sought Disbursement For: Primary Ageneral Other (specify) City Office Sought Disbursement For: Primary Ageneral Other (specify) City Office Sought Disbursement For: Primary Ageneral Other (specify) City Office Sought Disbursement For: Primary Ageneral Disbursement For: Primary Ageneral Other (specify) City Office Sought Disbursement For: Primary Ageneral Other (specify) Disbursement For: Primary Ageneral Other (specify) Disbursement For: Primary Ageneral Other (specify) Disbursement For: Primary Ageneral Disbursement For: P			
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Landon R Boyles City Benton AR 72015 Transaction ID: 023eb446-635e-4661-a Date of Disbursement or Obligation Transaction ID:		Salary Category/ 001	M M / D D / Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Landon R Boyles Mailing Address 211 Hidden Meadows Dr City State Zip Code Benton AR 72015 Benton AR 72015 Transaction ID: 223ebd4-635e-46b1-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Ilype Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date of Public Distribution/Dissemination Amount Category/ Dode 25.20 Transaction ID: 223ebd4-635e-46b1-1a Date of Disbursement or Obligation Date of Public Distribution/Dissemination Transaction ID: 223ebd4-635e-46b1-1a Date of Disbursement or Obligation Transaction ID: 223ebd4-635e-46b1-1a Date of Public Distribution/Dissemination Transaction ID: 223ebd4-635e-46b1-1a Date of Disbursement or Obligation Transaction ID: 223ebd4-635e-46b1-1a Date of	Ī	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought Full Name of Payee Landon R Boyles Mailing Address 211 Hidden Meadows Dr City State Zip Code Benton AR 72015 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought AR Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for O		Mr. Mark L Pryor Oppose	President Senate State: AR
Full Name of Payee Landon R Boyles Mailing Address 211 Hidden Meadows Dr City State Zip Code Benton AR 72015 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Amount Category/ Type 002 Transaction ID: 023ebd4d-635e-48b1-a Date of Disbursement or Obligation Tansaction ID: 023ebd4d-635e-48b1-a Date of Disbursement or Obligation To 00 To 002 Transaction ID: 023ebd4d-635e-48b1-a Date of Disbursement or Obligation To 005 Transaction ID: 023ebd4d-635e-48b1-a Date of Public Distriction or Obligation To 025 Transaction ID: 023ebd4d-635e-48b1-a Date of Disbursement or Obligation To 005 Transaction ID: 023ebd4d-635e-48b1-a Date of Public Distriction or Obligation To 005 Transaction ID: 023ebd4d-635e-48b1-a Date of Public Distriction or Obligation To 005 Transaction ID: 023ebd4d-635e-48b1-a Date of Public Distriction or Obligation To 005 Transaction ID: 023ebd4d-635e-48b1-a Date of Disbursement or Obligation To 005 Transaction ID: 023ebd4d-635e-48b1-a Date of Disbursement or Obligation To 006 To 007 To 007 To 007 To 009 To 009	١	Odicitidal Toda To Date	
Landon R Boyles Mailing Address 211 Hidden Meadows Dr City State Zip Code Benton AR 72015 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support M. Amount District: 00 President Senate State: AR Disbursement or Obligation Mr. Mark L Pryor Support Office Sought: House District: 00 President Senate State: AR Disbursement For: Primary General Other (specify) Primary General Other (specify) Primary General Other (specify) Primary Control of the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 10 Date 22 2014	H	Full Name of Payer	
Mailing Address 211 Hidden Meadows Dr City State Zip Code Benton AR 72015 Purpose of Expenditure Mileage Category/ Tiype 002 Name of Federal Candidate Support Mr. Mark L Pryor Sought 184933.35 Calendar Year-To-Date Per Election for Office Sought 184933.35 (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Amount			M = M / D = D / Y = Y = Y
Benton AR 72015 Transaction ID: 023ebd4d-635e-46b1-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 023ebd4d-635e-46b1-a Date of Disbursement or Obligation Total do of Disbursement or Obligation Total House District: 00 President Senate State: AR Disbursement For: Primary General Other (specify) 60.20		Mailing Address 211 Hidden Meadows Dr	
Purpose of Expenditure Mileage Category/ Type 002 10	-	City State Zip Code	25.20
Purpose of Expenditure Mileage Name of Federal Candidate	ı	Benton AR 72015	
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Mileage Category/ 002	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought 184933.35 Disbursement For: Primary General 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President State: AR State:
(b) SUBTOTAL of Unitemized Independent Expenditures		10,1000.05	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M. M. D. D. J. Y.	(a	a) SUBTOTAL of Itemized Independent Expenditures	60.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date The property of the prope	(k	b) SUBTOTAL of Unitemized Independent Expenditures	7 7
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Mand	(0	e) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 22 2014	W	ith, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Batto 1.5		[E1 - 4	
		Buto	

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OF

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Hannah J Landry	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 N Coolidge	nount
City State Zip Code	110.00
Gonzales LA 70737 Tra	ansaction ID : bc6cf4fe-7581-4e77-b tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soci	ught: House District: 00
Ms. Mary L Landrieu Oppose Pre	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	
	Other (specify)
Full Name of Payee Hannah J Landry	ate of Public Distribution/Dissemination
Mailing Address 1110 N Coolidge An	10 20 2014 mount
City State Zip Code	14.76
	nsaction ID : bfe0578e-375e-4856-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Mary L Landrieu	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	124.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	22 2014
Signature	

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OF

Schedule E)	IN EXICIO	TIONES	PAGE 68 OF 1 FOR SE OF FORM 24/4	147 48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBE	R▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Disseminati	ion
Mary C Lee			10 20 / 2014	" Y
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code	110	.00
Gonzales	LA	70737	Transaction ID: 9263bce4-db32-46de Date of Disbursement or Obligation	0-9
Purpose of Expenditure Salary		Category/ Type 001	10 20 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	Tresident Z denate diate.	_A
Calendar Year-To-Date Per Election for Office Sought	-, -,	199041.81	Disbursement For: Primary	neral
Full Name of Payee			Date of Public Distribution/Disseminat	ion
Mary C Lee			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code	14.7	6
Gonzales	LA	70737	Transaction ID: 55c22830-c0fe-4c23- Date of Disbursement or Obligation	8
Purpose of Expenditure Mileage		Category/ Type 002	10 20 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		Oppose	President Senate State:	_A
Calendar Year-To-Date Per Election for Office Sought	7 7	199041.81	Disbursement For: Primary	neral
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 124.76	
, , ,			7 7	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 22 2014	

Schedule E)	INT EXICID	THORIES	PAGE 69 OF 14 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	Y
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination	
Mailing Address 600 W Vine Ave			10 20 2014	
			Amount	
City	State	Zip Code	80.0	0
Searcy	AR	72143	Transaction ID: 150d1fb9-7302-4eaf-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Mr. Mark L Pryor		X Oppose	President Senate State: AR	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	184933.35	Disbursement For: Primary General Primary Other (specify) ▶	eral
Full Name of Payee			Date of Public Distribution/Disseminatio	n
Stuart T Haley			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 600 W Vine Ave			Amount	
City	State	Zip Code	45.00	
Searcy	AR	72143	Transaction ID : eba1e765-895d-4963-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 20 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Mr. Mark L Pryor		X Oppose	President Senate State: AF	₹
Calendar Year-To-Date Per Election for Office Sought	-, -,	184933.35	Disbursement For: Primary General General General General General General General General General General General General General General General General General General General General General General General Genera	eral
(a) SUBTOTAL of Itemized Independent Expendit	ures		125.00	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
- 3				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Cynthia J Christmas	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1731 Frenchmen St	ount
City State Zip Code	50.00
New Orleans LA 70116 Tra	insaction ID : c5a3893c-551f-462c-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mc Mary Ll andriou	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 2014	, ,
	Other (specify)
Full Name of Payee Cynthia J Christmas	te of Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St	10 20 2014 nount
City State Zip Code	2.10
New Orleans LA 70116 Tran	nsaction ID : 48e18e74-a421-42e0-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu	·
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	52.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	TI EXI END	II OI LO		PAGE 71 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Kenny Wallis			M = M	olic Distribution/Dissemination
Mailing Address 6412 Osage Dr			Amount	20 2014
City	State	Zip Code		70.00
North Little rock	AR	72116		n ID: 7bd25349-6063-465c-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	184933.35	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee Kenny Wallis			M = M	olic Distribution/Dissemination
Mailing Address 6412 Osage Dr			Amount	20 2014
City	State	Zip Code		4.26
North Little rock	AR	72116		ID: 3c2066ea-cf0a-4d1c-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	184933.35	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	74.26
(b) SUBTOTAL of Unitemized Independent Expendent	litures			P. 1 472 1 473 1
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	e 10 / 22	

Schedule	E)	T EXI EILD			PAGE 72 OF 147 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Nam	e of Payee			Date of	of Public Distribution/Dissemination
Mattie	e Harris				10 20 2014
Mailing A	ddress 3654 Tara St			Amou	nt
City		State	Zip Code		65.00
springda		AR	72762		action ID : 7bc0ec50-98e6-4b64-b of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	М	10 20 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark	k L Pryor		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought	, , 1	84933.35	Disbursemen 2014 O	t For:
	ne of Payee			Date of	of Public Distribution/Dissemination
Mattie	Harris			M	10 20 / Y Y Y Y Y
Mailing A	Address 3654 Tara St			L	10 20 2014
	3034 Tala St			Amou	nt
City		State	Zip Code		18.60
springda		AR	72762	Transa Date	ction ID: 9412dc05-8c3f-4200-a of Disbursement or Obligation
Mileage	of Expenditure		Category/ Type 002		10 20 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark	L Pryor		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought	, , ,	184933.35	Disbursemen 2014 O	t For:
(-) OUDT	OTAL of Bossical Indiana deal Francisco				
(a) SUBI	OTAL of Itemized Independent Expenditur	98		· •	83.60
(b) SUBT	OTAL of Unitemized Independent Expendi	tures		•	
(c) TOTA	L Independent Expenditures			•	7 1 7 1 4
with, or at	nalty of perjury I certify that the independent the request or suggestion of, any candida mittee) any political party committee or its	ate or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	22 / 2014
Signatu	ure		_		

Schedule E)				PAGE 73 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-	hour report X New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Bubli	c Distribution/Dissemination
Xavier Miller			Date of Public	Distribution/Dissemination 20 2014
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code		85.00
Searcy	AR	72143		ID: 18b11727-277b-4f95-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	84933.35	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Xavier Miller				c Distribution/Dissemination
			10	20 / 2014
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code		30.00
Searcy	AR	72143	Transaction II Date of Disb	D: 28dc8007-91cb-4b47-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 10	20 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		184933.35	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Indepen	dent Expenditures			115.00
···	· · · · · · · · · · · · · · · · · · ·			
(b) SUBTOTAL of Unitemized Indep	endent Expenditures		• •	7
(c) TOTAL Independent Expenditure	PS)	
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron:	ically Filed] Date	10 / 22	/ Y Y Y Y Y Y Y 2014
Signature		_		-

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Francesca Blom	10 20 7 2014
	Mailing Address 101 Asbury Ct	Amount
	City State Zip Code	70.00
	Winchester VA 22602	Transaction ID : 315524d2-a88f-4e54-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	7450000	ursement For: Primary X General
	Per Election for Office Sought 71523.33 2014	Other (specify) ▶
	Full Name of Payee Miranda A Resinos	Date of Public Distribution/Dissemination
	Mailing Address 1430 Sunnyside Rd	10 20 2014
		Amount
	City State Zip Code	80.00
	Alma AR 72921	Transaction ID: 02fb88f1-46f5-4fb5-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	150.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (1 7) 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Women Speak Out PAC C coo530766	ooneddie Ly		FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Mileage Mileage City Ama of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. State Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Category/ Mailling Address 3657 S Rail Road St City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Mailling Address 3657 S Rail Road St City State Zip Code Fountain NC Z7829 Date of Public Distribution/Dissemination Transaction ID: sb2a904x-1324-47649 Date of Disbursement For: Primary General Zota Amount Amount Amount Amount City State Zip Code Fountain NC Z7829 Date of Public Distribution/Dissemination Transaction ID: sb2a904x-1324-47649 Date of Disbursement For: Primary General Zota Amount Amount Amount City State Zip Code Fountain NC Z7829 Date of Public Distribution/Dissemination Transaction ID: sb2d77100-5984-80e-9 Date of Public Distribution/Dissemination Transaction ID: sb2d7100-5984-80e-9 Date of Public Distribution/Dissemination Transaction ID: sb2d7100-5984-80e-9 Date of Public Distribution/Dissemination Transaction ID: sb2d7100-5984-80e-9 Date of Public D	vvomen Speak Out PAC		C C00530766
Mailing Address 1430 Sunnyside Rd City State Zip Code AR 72921 Purpose of Expenditure Mileage Mileage Calegory/ Type O02 Mark L Pryor Separate Candidate Separate Per Election for Office Sought 184933.35 Full Name of Payes Meagan N Rogerson Mailing Address 3657 S Rail Road St Name of Federal Candidate NC 27823 Name of Federal Candidate Separate State Zip Code Per Election for Office Sought 14.00 Transaction ID : eb3a004e-1a3a4-781-8 Date of Disbursement or Obligation Separate State AR 72921 Transaction ID : eb3a004e-1a3a4-781-8 Date of Disbursement or Obligation Separate State AR 72921 Transaction ID : eb3a004e-1a3a4-781-8 Date of Disbursement or Obligation Separate State AR 72921 Mark L Pryor Separate State AR 72921 Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination 10 20 20 2014 Amount City State Zip Code Transaction ID : 92d7719e-89d8-459e-9 Date of Debursement or Obligation State Of Debursement Of Obligation State Of Debursement Of Obligation State Office Sought State Office Soug	Check if 24-hour report X 48-hour report New	report Amends report filed	
Mailing Address 1430 Sunnyside Rd City State Zip Code AR 72921 Purpose of Expenditure Mileage Category/ Mileage State: AR 110 20 2014 Name of Federal Candidate Support President Senate State: AR 2014 Other (specify) Calendar Year-To-Date Pourpose of Expenditure Salary Purpose of Expenditure Mailing Address 3657 S Rail Road St City State Zip Code Fountain NC 27829 Purpose of Expenditure Salary Category/ Mailing Address 3657 S Rail Road St City State Zip Code Transaction ID: eb3a004e-1a34-4781-8 Date of Public Distribution/Dissemination Transaction ID: eb3a004e-1a34-4781-8 Disbursement For: Disbursement For: Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-4781-8 Disbursement For: Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-4781-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-4781-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-4781-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-4781-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-4781-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-4781-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-4781-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-4781-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-8 Date of Public Distribution/Dissemination To 20 2014 Amount Transaction ID: eb3a004e-1a34-8 Date of Public Distribution/Dissemination To 20 2014 Amount To 20 2014 Amount To 20 2014 Amount To 20 2014 Amount To 20 2014 Amo	Full Name of Payee		Date of Public Distribution/Dissemination
City State Zip Code Alma AR 72921 Purpose of Expenditure Mileage			
Alma AR 72921 Furpose of Expenditure Mileage Category/ Name of Federal Candidate Mr. Mark L Pyor Callendar Year-To-Date Per Election for Office Sought Full Name of Payee Meagan N Rogerson Mailing Address 3657 S Rail Road St Name of Federal Candidate NC 27829 Purpose of Expenditure Salary Name of Federal Candidate NC 27829 Disbursement For: Other (specify) Transaction ID: eb3a004e-1a3d-478f-8 Date of Disbursement or Obligation Perident \ Senate State: AR Disbursement For: Other (specify) Date of Public Distribution/Dissemination Amount City State Zip Code Fountain NC 27829 Date of Disbursement or Obligation Transaction ID: 92df71b0-69d8-4b9e-9 Date of Public Distribution/Dissemination Transaction ID: 92df71b0-69d8-4b9e-9 Date of Public Distribution/Dissemination Transaction ID: 92df71b0-69d8-4b9e-9 Date of Public Distribution/Dissemination Transaction ID: 92df71b0-69d8-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df71b0-69d8-4b9e-9 Date of Disbursement For: Office Sought: House District: OO Ms. Kay Hagan Oppose President \ Senate State: NC Calendar Year-To-Date Per Election for Office Sought Other (specify) In a state: Other (specify) Othe	Mailing Address 1430 Sunnyside Rd		Amount
Alma AR 72921 Furpose of Expenditure Mileage Category/ Name of Federal Candidate Mr. Mark L Pyor Callendar Year-To-Date Per Election for Office Sought Full Name of Payee Meagan N Rogerson Mailing Address 3657 S Rail Road St Name of Federal Candidate NC 27829 Purpose of Expenditure Salary Name of Federal Candidate NC 27829 Disbursement For: Other (specify) Transaction ID: eb3a004e-1a3d-478f-8 Date of Disbursement or Obligation Perident \ Senate State: AR Disbursement For: Other (specify) Date of Public Distribution/Dissemination Amount City State Zip Code Fountain NC 27829 Date of Disbursement or Obligation Transaction ID: 92df71b0-69d8-4b9e-9 Date of Public Distribution/Dissemination Transaction ID: 92df71b0-69d8-4b9e-9 Date of Public Distribution/Dissemination Transaction ID: 92df71b0-69d8-4b9e-9 Date of Public Distribution/Dissemination Transaction ID: 92df71b0-69d8-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df71b0-69d8-4b9e-9 Date of Disbursement For: Office Sought: House District: OO Ms. Kay Hagan Oppose President \ Senate State: NC Calendar Year-To-Date Per Election for Office Sought Other (specify) In a state: Other (specify) Othe	City State	Zip Code	73.80
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Pour Salary Name of Pederal Candidate Meagan N Rogerson Malling Address 3657 S Rail Road St City State Zip Code Pountain NC 27829 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought NC 27829 Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought NC 27829 Calendar Year-To-Date Per Election for Offi		•	
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Meagan N Rogerson Mailing Address 3657 S Rail Road St City State Fountain Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought No Category/ Type Office Sought: No Category/ Type Office Sought: No Category/ Type Office Sought: No Calendar Year-To-Date Per Election for Office Sought No Category/ Type Office Sought: No Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Transaction ID : 92df 7150-69d8-419e-9 Date of Disbursement or Obligation No Category/ Type Office Sought: No Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Office Sought: No Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: Primary General Other (specify) ▶ Other (specify) ▶ Other (specify) ▶ Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan IElectronically Filed Date	• '		M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Meagan N Rogerson Mailing Address 3657 S Rail Road St City State Zip Code Fountain NC 27829 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan (Electronically Filed) Date of Public Distriction Corp. Quity General 2014 Other (specify) Date of Public Distribution/Dissemination Tansaction ID: 92df710-6984-196-9 Date of Disbursement or Obligation Tansaction ID: 92df710-6984-196-9 Date of Public Distribution/Dissemination Tansaction ID: 92df710-6984-19	Name of Federal Candidate	Support Office	Sought: House District: 00
Per Election for Office Sought Full Name of Payee Meagan N Rogerson Malling Address 3657 S Rail Road St City State Zip Code Fountain NC 27829 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date Total Date	Mr. Mark L Pryor	X Oppose	President Senate State: AR
Full Name of Payee Meagan N Rogerson Mailing Address 3657 S Rail Road St City State Zip Code Fountain NC 27829 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Amount Transaction ID: 32df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df 140-08048-4b9e-9 Date			
Meagan N Rogerson Mailing Address 3657 S Rail Road St City State Zip Code Fountain NC 27829 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures City State Zip Code Tansaction ID: 92df71b0-69d8-4b9e-9 Date of Disbursement or Obligation Transaction ID: 92df71b0-69d8-4b9e-9 Date of Disbursement or Obligation To 20	Full Name of Power	,	
Mailing Address 3657 S Rail Road St City State Zip Code Transaction ID: 92df71b0-69d8-4b9e-9 Date of Expenditure Salary Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Support Ms. Kay Hagan Name of Federal Candidate Sought Sought Office Sought Sought State: NC Calendar Year-To-Date Per Election for Office Sought 1041066.50 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			M M / D D / Y Y Y Y
Fountain NC 27829 Transaction ID: 92df71b0-69d8-4b9e-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Support Category/ Type Office Sought: House District: OD President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 1041066.50 Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures	Mailing Address 3657 S Rail Road St		
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City State	Zip Code	14.00
Purpose of Expenditure Salary Name of Federal Candidate	Fountain NC	27829	Transaction ID: 92df71b0-69d8-4b9e-9 Date of Disbursement or Obligation
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC			M M / D D / Y Y Y
Calendar Year-To-Date Per Election for Office Sought 1041066.50 Disbursement For: Primary General 2014 Other (specify) > 87.80 (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate	Support Office	Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan	Oppose	President Senate State: NC
(b) SUBTOTAL of Unitemized Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a) SUBTOTAL of Itemized Independent Expenditures	····	87.80
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independent Expenditures	······	4
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditures	>	
[Electronically Filed] Date 10 22 2014	with, or at the request or suggestion of, any candidate or autho		
- Duito		-4	
	Signature		

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OF

Schedule E)				PAGE 76 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour	our report New repo	ort Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee Meagan N Rogerson			Date of Public	c Distribution/Dissemination
Mailing Address 3657 S Rail Road S	t		Amount	20 2014
Oir.	Ctata	7'n Ondo		10.50
City Fountain	State NC	Zip Code 27829		D: e68d24ce-c172-49a6-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	041066.50	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Theresa a Youngblood Mailing Address 102 S Main Stree	t Apt A2		Date of Publing 10 Amount	c Distribution/Dissemination
City	State	Zip Code		100.00
Berryville	VA	22611	Transaction II Date of Disbu	D: b7ce0d34-8b1e-4144-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent	ent Expenditures		•	110.50
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		•	
(c) TOTAL Independent Expenditures			•	1 4 1 4
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 22	2014
Signature				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 77 FOR SE OF	OF 147 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATIO	N NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y Y Y Y
Full Name of Payee			Date of Public Distribution/E	Dissemination
Eric Resinos			10 / 20 /	2014
Mailing Address 1430 Sunnyside Rd			Amount	
City	State	Zip Code		60.00
Alma	AR	72921	Transaction ID : ce61b4d6- Date of Disbursement or Ol	
Purpose of Expenditure Salary		Category/ Type 001	10 20	2014
Name of Federal Candidate		Support	Office Sought: House D	District:00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	184933.35	Disbursement For: Primary 2014 Other (specify) ▶	X General
Full Name of Payee			Date of Public Distribution/[Dissemination
Eric Resinos			10 / 20	2014
Mailing Address 1430 Sunnyside Rd			Amount	
City	State	Zip Code		59.70
Alma	AR	72921	Transaction ID : 66475fa6-b Date of Disbursement or O	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 20 /	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		184933.35	Disbursement For: Primary 2014 Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	119.70
//s) CURTOTAL of Heitersized Index and an Europe	an alikuwa a		7 7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca- party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 22 2014	

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Mry S Everly	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 787 N 1851 Diagonal Rd	Amount
	City State Zip Code	30.00
	Lecompton KS 66050	Transaction ID : 5981625b-baa6-4f49-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 20 7 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Primary General Other (specify)
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mry S Everly	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 787 N 1851 Diagonal Rd	Amount
1	City State Zip Code	2.04
	Lecompton KS 66050	Transaction ID: f7c73a79-dd8a-4a08-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS Senate
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	32.04
	(b) SUBTOTAL of Unitemized Independent Expenditures	1.7.1.7.1.5.1
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not many with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ceslie A Benner	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2081 Knob Hill Rd	Amount
City State Zip Code	45.00
Azle TX 76020	Transaction ID : 55b483da-b946-4bde-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 7 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disk 2014	oursement For: Primary X General Other (specify) ▶
Full Name of Payer	
Full Name of Payee Ceslie A Benner	Date of Public Distribution/Dissemination
Mailing Address 2081 Knob Hill Rd	10 20 2014 Amount
City State Zip Code	35.70
City State Zip Code Azle TX 76020	Transaction ID : 3c60b983-ea3a-46f9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	80.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 2014
Signature	

PAGE

OF

,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			[C C00530766
Check if 24-hour report X 48-hour re	port New report	Amends report	filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Parker H Morrow			1	0 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 506 N Horton Street			Amount	
City	State Zip	Code		50.00
Searcy	AR 721	143		ction ID: 48cd4898-fc24-4c62-b Disbursement or Obligation
Purpose of Expenditure Salary	Ca	ategory/ Type 001	M 1	0 20 / 2014
Name of Federal Candidate	·	Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	t X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1849		Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Parker H Morrow Mailing Address 506 N Horton Street			М	Public Distribution/Dissemination M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip	Code	- 1	15.90
Searcy	AR 72	143		tion ID: 96ac7b37-792e-496d-8 Disbursement or Obligation
Purpose of Expenditure Mileage	Ca	ategory/ Type 002	М	0 20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	Presider	state: AR State:
Calendar Year-To-Date Per Election for Office Sought	1		Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent E	xpenditures		· []	65.90
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized con			
Ms. Emily Buchanan	[Electronically	y Filed] Date	10	22 / 2014
Signature				

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OF

IAME OF COMMITTEE (In Full)	OR SE OF FORM 24/48
	NTIFICATION NUMBER ▼
Women Speak Out PAC	00530766
Check if 24-hour report 48-hour report New report Amends report filed on	D = D / Y = Y = Y
Full Name of Payee Date of Public D	Nichelle die a (Die aussier die a
Rebecca A Shearer	Distribution/Dissemination 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6544 Arno College Grove Rd Amount	
City State Zip Code	50.00
College Grove TN 37046 Transaction ID:	: 45091353-59eb-4a4b-b ement or Obligation
Purpose of Expenditure Salary Category/ Type 001 10	20 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark I. Pryor	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (speci	Primary X General
	Distribution/Dissemination
Rebecca A Shearer	20 / 2014
Mailing Address 6544 Arno College Grove Rd Amount	
City State Zip Code	15.90
Date of Disburse	e32156b5-2033-4b27-9 ement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	20 / 2014
Name of Federal Candidate Support Office Sought:	House District:00
Mr. Mark L Pryor	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (spec	Primary X General sify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	65.90
	7- 1
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 22	2014

Schedule E)	I EXI EIVE			PAGE 82 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Phillip Williams			M	f Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amoun	10 20 2014 t
City	State	Zip Code		80.00
Greensboro	NC	27407		action ID: c7b77736-3ccc-4f49-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 20 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	041066.50	Disbursement 2014 Ot	For: Primary X General her (specify) ►
Full Name of Payee			Date o	f Public Distribution/Dissemination
Phillip Williams				10 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd				2011
			Amour	ıt
City	State	Zip Code		15.60
Greensboro	NC	27407	Transac Date o	ction ID : 5dfd9dfb-c5d7-4ea9-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 20 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1041066.50	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	95.60
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	
(c) TOTAL Independent Expenditures			· ·	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	e 10	22 2014
Signature				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 83 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination
Mailing Address 3300 Asher Ave			10 20 2014 Amount
City	State	Zin Codo	40.00
Little Rock	AR	Zip Code 72204	Transaction ID : 593b3891-005c-4a49-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	184933.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination
Mailing Address 3300 Asher Ave			10 20 2014 Amount
City	State	Zip Code	66.00
Little Rock	AR	72204	Transaction ID : 9cbd0448-6aa3-421c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		184933.35	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		106.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 22 2014
Signaturo			

Schedule E)	IDENT EXTEND	ITONES	PAGE 84 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	ort New rep	ort Amends repo	rt filed on
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination
			10 / 20 / 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	80.00
Greensboro	NC	27407	Transaction ID : 3e65944a-890c-44b7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	041066.50	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Heather Ainsworth			10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amount
City	State	Zip Code	80.00
Keithville	LA	71047	Transaction ID: 0d89ed9d-5aa1-4d26-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 20 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		. 160.00
(4)			7 7
(b) SUBTOTAL of Unitemized Independent E	expenditures		>
(c) TOTAL Independent Expenditures			
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 22 / 2014

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Heather Ainsworth		10 20 / Y Y Y Y Y
Mailing Address 9685 Paula St	A	mount
City	tate Zip Code	21.00
1 '	LA 71047 T i	ransaction ID : 291698b1-9dce-4cb0-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 20 7 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu		esident State: LA
Calendar Year-To-Date Per Election for Office Sought	199041.81 Disburse 2014	ment For: Primary
Full Name of Payee Kaleigh J Wagner Mailing Address 18065 Wayne Rd		Date of Public Distribution/Dissemination
City	state Zip Code	75.00
Odessa	FL 33556 Tr a	ansaction ID : aaa08128-eb07-45ba-b late of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	Oppose Pr	resident State: AR
Calendar Year-To-Date Per Election for Office Sought	184933.35 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	96.00
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	22 2014
Signature		

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		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Lucas H Hoyle	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 282 Falls Ave	Amount
ŀ	City State Zip Code	20.00
	Granite Falls NC 28630	Transaction ID: 07d9de0e-314d-4ea7-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 20 2014
ı	Name of Federal Candidate Support Office	Sought: House District:00
	Ms Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
ŀ	Full Name of Payee	Date of Public Distribution/Dissemination
	Lucas H Hoyle	10 20 2014
ľ	Mailing Address 282 Falls Ave	Amount
ŀ	City State Zip Code	8.10
	Granite Falls NC 28630	Transaction ID: 03f6dd87-b3f8-4079-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 20 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	28.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10) 22 2014
	Signature	

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OF

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination
	10 / 20 / Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr	Amount
City State	Zip Code 75.00
Elgin SC	29045 Transaction ID : 7d3629de-3980-45e3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Randy M Gold	10 20 / Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr	Amount
City State	Zip Code 37.71
Elgin SC	29045 Transaction ID : 3a363f9a-b85c-4963-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 20 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 10 22 2014
Signature	

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· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Amelia Brackett		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Roundabout Circle	Ar	mount
City	ate Zip Code	90.00
		ransaction ID: 8558b680-50e0-4cbf-a ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 20 7 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	Oppose Pre	esident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	Disburser 2014	ment For:
Full Name of Payee Randy G Lookabill Mailing Address 200 Carawood Lane		ate of Public Distribution/Dissemination 10 20 2014 mount
City Sta	ate Zip Code	20.00
Lexington		ansaction ID : abf42f8e-d6e5-41fd-a ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 20 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	1041066.50 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	22 2014
Signature		

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,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	filed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Randy G Lookabill	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 200 Carawood Lane	Amount
City State Zip Code	3.00
Lexington NC 27295	Transaction ID : 14410bd7-a8c4-47a1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Odichadi Icar lo Dalc	oisbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Kathryn M Wolfe	10 20 2014
Mailing Address 204 W 9th St	Amount
City State Zip Code	15.00
Pittsburg KS 66762	Transaction ID : 1ffc13c9-45ff-4b4e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 7 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
	Oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	18.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 2014
Signature	

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Schedule E)	INI EXPEND	TIONES		PAGE 90 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	D = D / Y = Y = Y = Y
Full Name of Payee Kathryn M Wolfe	,		M = M /	Distribution/Dissemination
Mailing Address 204 W 9th St			Amount	20 2014
City	State	Zip Code		7.20
Pittsburg	KS	66762	I	D: 9a6df3d4-d612-4cbf-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	71523.33	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Ashley n Thompson			10 /	20 / 2014
Mailing Address 272 Westgate Ct Apt 6			Amount	
City	State	Zip Code		20.00
Lexington	NC	27295		0 : e7ab2431-d79f-4da1-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	1041066.50	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures			27.20
(b) SUBTOTAL of Unitemized Independent Expen	ditures			1111111
(c) TOTAL Independent Expenditures)	7-1-7-1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	10 / 22	2014
Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	Jew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Ashley n Thompson	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6	Amount
City State	Zip Code 9.00
Lexington NC	27295 Transaction ID : a7c0b739-a731-4930-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 20 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee Kaitlyn B Allen	Date of Public Distribution/Dissemination
Mailing Address 2121 Daniel Dr	Amount
City State	Zip Code 90.00
Searcy AR	72143 Transaction ID: 17689f41-c340-4818-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 20 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	99.00
(b) SUBTOTAL of Unitemized Independent Expenditures	————
(c) TOTAL Independent Expenditures)
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 10 22 2014
Signature	

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Schedule E)	INT EXICID	ITORES	PAG FOF	GE 92 OF 147 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on M M / D	D / Y = Y = Y
Full Name of Payee Kaitlyn B Allen				tribution/Dissemination
Mailing Address 2121 Daniel Dr			10	20 2014
			7 unedit	
City	State	Zip Code	Turner tier ID 0	55.20
Searcy	AR	72143	Date of Disbursem	8d5dba1-2564-4440-9 ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	20 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Mr. Mark L Pryor		X Oppose		enate State: AR
Calendar Year-To-Date Per Election for Office Sought	-	184933.35	Disbursement For: 2014 Other (specify)	Primary
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Joshua J Huffman			10	20 / 2014
Mailing Address 211 Dixie Ave			Amount	
City	State	Zip Code		50.00
Harrisonburg	VA	22801	Transaction ID : bf	
Purpose of Expenditure Salary		Category/ Type 001		20 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Mr. Greg Orman		X Oppose	President X Se	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	71523.33	Disbursement For: 2014 Other (specify	Primary X General) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	105.20
(I) OUDTOTAL (III II I	19		7	
(b) SUBTOTAL of Unitemized Independent Exper	iditures)	7
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 22	2014
S.g.lataro				

Schedule E)	PAGE 93 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D D / Y Y Y Y Y
Trevor D Hageman	of Public Distribution/Dissemination
Mailing Address 5521 Randolph St Amoun	10 20 2014 nt
City State Zip Code	30.00
Marrero LA 70072 Trans	action ID : f73f88ea-dea4-4363-a of Disbursement or Obligation
Purpose of Expenditure	10 20 7 2014
Name of Federal Candidate Support Office Sough	t: House District:00
Ms. Mary L Landrieu Oppose Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Or	t For:
Evelyn Lesaicherre	of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave	10 20 2014
	80.00 loction ID : 176481cb-13d0-4181-a
Purpose of Expenditure	of Disbursement or Obligation
Name of Federal Candidate Support Office Sough	t: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if t party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date To a continuous properties of the continuous propert	22 / 2014

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Evelyn Lesaicherre	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave	Amount
City State Zip Code	3.00
Metairie LA 70001	Transaction ID : cf03251b-b430-46ee-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Gregory Green	10 20 2014
Mailing Address 2506 Bolch Street	Amount
City State Zip Code	50.00
Shreveport LA 71104	Transaction ID: 65bc447e-3071-4bbd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 20 / 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	53.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 2014
Signature	

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Schedule E)	LIVI EXI LIVE	TIONES	PAGE 95 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			10 20 / Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	32.40
Shreveport	LA	71104	Transaction ID : 221a6ff2-7ebb-4d02-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,.,	199041.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lilly Green			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	80.00
Shreveport	LA	71119	Transaction ID : d8ad9404-ff02-4572-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		112.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	I EXI EIID	101120		PAGE 96 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y = Y = Y
		Amenda Tepe	Tt filed off	
Full Name of Payee Lilly Green			M	f Public Distribution/Dissemination
Mailing Address 205 Medallion Circle			Amoun	
City	State	Zip Code		62.70
Shreveport	LA	71119		ction ID: 839870c9-0820-4762-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 20 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	99041.81	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Jeanne Tribou				10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.				لحندا لنا ك
			Amoun	ıt
City	State	Zip Code		20.00
Mandeville	LA	70471	Transac Date o	ction ID: 0c707a27-7937-46d5-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 20 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	199041.81	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	'S		•	82.70
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 10	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour	report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Jeanne Tribou		10 20 / 2014
Mailing Address 22369 Ponderosa Dr.		Amount
City	State Zip Code	5.10
Mandeville	LA 70471	Transaction ID: b580f2f2-b6db-44f3-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 20 / 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	199041.81 Dis 201	bursement For: Primary General Other (specify) Other
Full Name of Payee Stephanie L Heun Mailing Address 8026 S Wilwood Dr A	pt 101	Date of Public Distribution/Dissemination 10 20 7 2014 Amount
City	State Zip Code	4.00
Oak Creek	WI 53154	Transaction ID : 5ed87318-a70c-44e3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 20 / 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Mr. Greg Orman	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	71523.33 Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures	9.10
(b) SUBTOTAL of Unitemized Independe	nt Expenditures	
(c) TOTAL Independent Expenditures	······	
	e independent expenditures reported herein were not any candidate or authorized committee or agent of eith nittee or its agent.	
Ms. Emily Buchanan	[Electronically Filed] Date	10 22 2014
Signature		

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,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	lew report Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Anselma A Trinidad	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7915 Curtina Ln	Amount
City State	Zip Code 80.00
Lewisville NC	27023 Transaction ID: eb6b1898-b188-403a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 20 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Lisa Booth Mailing Address 1434 South Avenue	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code 100.00
Eden NC	27288 Transaction ID : cf490509-0a1e-4bad-a
Purpose of Expenditure Salary	Category/ Type 001 Date of Disbursement or Obligation 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 10 22 2014
Signature	

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Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 99 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			10 / 20 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	20.40
Eden	NC	27288	Transaction ID: 18349ecf-4009-439a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	041066.50	Disbursement For: Primary ☐ General 2014 Other (specify) ►
Full Name of Payee			Date of Public Distribution/Dissemination
Kristina M Jinkens			10 20 7 2014
Mailing Address 2138 N 1000 Rd			Amount
City	State	Zip Code	30.00
Eudora	KS	66025	Transaction ID : 9e663bdd-ab26-43e4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		50.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Courtney Goldstein	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1809 N Woodlawn	nount
City State Zip Code	90.00
Metairie LA 70001 Tra	ansaction ID : 7eb9d55f-7de8-41d8-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify)
Full Name of Payee Courtney Goldstein	te of Public Distribution/Dissemination
Mailing Address 1809 N Woodlawn	10 20 2014 nount
City State Zip Code	5.40
Metairie LA 70001 Tran	nsaction ID: 53f51ef9-29b5-4b50-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	95.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y 22 2014
Signature	

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Schedule E)	EXI END	TONLO		PAGE 101 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends	report filed	on M=M / D=D / Y=Y=Y=Y
Full Name of Payee Acgranar R Minix				Date of Public Distribution/Dissemination
Mailing Address 4201 Lakeshore Dr				10 20 2014 Amount
City	State	Zip Code		50.00
Shreveport	LA	71109		Transaction ID : 5788b69c-16de-40be-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	10 20 / 2014
Name of Federal Candidate		Suppo	rt Office	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppos		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		99041.81	Disbu 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Acgranar R Minix				10 20 7 2014
Mailing Address 4201 Lakeshore Dr				Amount
01	01-1-	7		45.00
City Shreveport	State LA	Zip Code 71109		15.60 Transaction ID : 4018f3e9-b664-4302-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	M 10
Name of Federal Candidate		Suppo	rt Office	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppos	e	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	199041.81	Disbu 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		······ >	65.60
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
				7 7 7
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]		0 22 2014
Signature				

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Aleksandra B Padua		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Bridge gate Dr		Amount
City State Zip	o Code	50.00
Cary NC 27	7519	Transaction ID : 3d077cc8-aa8f-4067-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 20 / Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	Disbur 2014	rsement For: Primary General Other (specify) ▶
Full Name of Payee Aleksandra B Padua Mailing Address 110 Bridge gate Dr		Date of Public Distribution/Dissemination M M M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zi	p Code	12.96
Cary NC 2	7519	Transaction ID: 639202f6-9185-45a8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 20 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	041066.50 Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	62.96
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	lly Filed] Date 10	0 22 / 2014
Signature		

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Schedule E)	LAFLINDI	TUNES		PAGE 103 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Jacob W Joosten				f Public Distribution/Dissemination
Mailing Address 1906 S Pine Apt B			Amoun	10 20 2014
			74110411	
'	State	Zip Code		25.00
Pittsburg	KS	66762		action ID: 0674371d-1d73-4d45-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 20 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		X Oppose	Preside	nt X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee				f Public Distribution/Dissemination
Jacob W Joosten				10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1906 S Pine Apt B			Amour	لىنىا لنا ك
City	State	Zip Code		3.60
Pittsburg	KS	66762		ction ID: 1ff29036-6cf4-4e63-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 20 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures.			•	28.60
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	22 / Y = Y = Y = Y = Y = Y
Signature				

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Ralph Smith	Dai	te of Public Distribution/Dissemination
·		10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd	Am	nount
City Sta	ate Zip Code	80.00
,		Insaction ID: dc10ec66-8282-4e86-a te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Kay Hagan	Oppose Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1041066.50 Disbursem 2014	nent For:
Full Name of Payee Ralph Smith Mailing Address 2090 Fancy Gap Rd		te of Public Distribution/Dissemination 10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St	ate Zip Code	21.54
1 '	IC 27030 Trai	nsaction ID : 9297bab8-2a26-4da0-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1041066.50 Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •	101.54
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 10	22 2014
Oignature		

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OF

ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Christine Stevens	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct	mount
City State Zip Code	80.00
Winchester VA 22602 Ti	ransaction ID : 0dc1f7e9-0586-40b8-a late of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Greg Orman Oppose Pre	esident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary
Full Name of Payee Dazmine d Conner	Date of Public Distribution/Dissemination
	10 20 / 2014
Mailing Address 100 ASBURY CT	mount
City State Zip Code	80.00
	ansaction ID: df826942-dfef-44c8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
	resident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Z Y Z 2014
Signature	

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OF

Schedule E)	ENDENT EXICION	TOTILO	PAGE 106 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	rt filed on
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Ap	t 4		10 20 2014
			Amount
City	State	Zip Code	60.00
Searcy	AR	72143	Transaction ID: a5247931-5f8d-4c20-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, 1	84933.35	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Joseph R English			10 20 7 2014
Mailing Address 915 East Market Ave	Apt 4		Amount
City	State	Zip Code	39.00
Searcy	AR	72143	Transaction ID : 7f2ba052-6110-448e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	,,,,	184933.35	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		99.00
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•
(c) TOTAL Independent Expenditures			•
	ny candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Women Speak Out PAC C coos30766					FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Jon E Conner Mailing Address 100 Asbury Ct City Winchester VA 22802 Purpose of Expenditure Solary Calendar Year-To-Date Per Election for Office Sought Name of Pederal Candidate Mailing Address 202 East Park Ave Apt 40 City State Zip Code Transaction ID: 54beabb-9454-460-9 Date of Disbursement for Office Sought Full Name of Payee Shelbi L Randall Mailing Address 202 East Park Ave Apt 40 City Searcy AR 72143 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Solary Calendar Year-To-Date Per Election for Office Sought Tansaction ID: bit997058-dt230-48bc-8 Date of Public Distribution/Dissemination Tansaction ID: bit997058-dt230-48bc-8 Date of Public Distribution/Disseminatio	women Speak Out PAC				C C00530766
Mailing Address 100 Asbury Ct City State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Schelbi L Randall Mailing Address 202 East Park Ave Apt 40 City State Zip Code Transaction ID: 54beasb0-9d54-4a60-9 Date of Disbursement or Collegation The Use Surght Search S	Check if 24-hour report X 48-hour r	eport New repo	ort Amends repo	rt filed on	T = M / D = D / Y = Y = Y
Mailing Address 100 Asbury Ct City State Zip Code Vinchester VA 2/2602 Purpose of Expenditure Salary Name of Federal Candidate Support Mr. Greg Orman Support Office Sought State: KS Calendar Year-To-Date Per Election for Office Sought Salary Purpose of Expenditure Salary Calendar Year-To-Date President Salary Purpose of Expenditure Salary Full Name of Peyee Shelbi L Randall Mailing Address 202 East Park Ave Apt 40 City State Zip Code Salary Purpose of Expenditure Salary Purpose of Expenditure Salary Category/ O01 Transaction ID : 54beaa09-9454-4a60-9 Disbursement For: Disbursement For: Disbursement For: Primary General President Salary Category/ O01 Transaction ID : 54bea00-9454-4a60-9 Disbursement For: Primary General President Salary Category/ O01 Transaction ID : 54bea00-9454-4a60-9 Date of Public Distribution/Dissemination To 20 2014 Amount Amount City State Zip Code Transaction ID : 54bea00-96454-4a60-9 Date of Public Distribution/Dissemination To 20 2014 Amount City State Zip Code Transaction ID : 54bea00-96454-4a60-9 Date Office Sought: House District: O0 President Salary Transaction ID : 54bea00-96454-4a60-9 Category/ Distribution/Dissemination To 20 2014 Amount City State Zip Code Transaction ID : 54bea00-96454-4a60-9 Date of Public Distribution/Dissemination To 20 2014 Amount City State Zip Code Transaction ID : 54bea00-96454-4a60-9 Date of Public Distribution/Dissemination To 20 2014 Amount City State Xip Code Transaction ID : 54bea00-96454-4a60-9 Date of Public Distribution/Dissemination To 20 2014 Amount City State Xip Code Transaction ID : 54bea00-96454-4a60-9 Date Office Sought State: KS Date of Public Distribution/Dissemination To 20 2014 Amount City Code Transaction ID : 54bea00-96454-4a60-9 Date of Public Distribution/Dissemination To 20 2014 Amount City Code Transaction ID : 54bea00-96454-4a60-9 Date of Public Distribution/Dissemination To 20 2014 Amount City Code Transaction ID : 54bea00-96 To 20 2014 Amount To 20 2014				Date	of Public Distribution/Dissemination
City State Zip Code Winchester VA 22802 Purpose of Expenditure Salary Oppose Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Shelbi L Randall Mailing Address 202 East Park Ave Apt 40 City State Zip Code Shelbi L Randall Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Transaction ID: Sabsaab0-9d54-4a60-9 Date of Disbursoment or Obligation To 20 2014 The Disbursoment For: Primary General President Senate State: KS Disbursoment For: Primary General To 20 2014 Amount Transaction ID: b1897058-d230-48bc-3 Date of Public Distribution/Dissemination Transaction ID: b1897058-d230-48bc-3 Date of Disbursoment or Obligation Transaction ID: b1897058-d230-48bc-3 Date of Disbursome					
Winchester VA 22602 Transaction ID : 54beaab0-9d54-4a60-9 Date of Disbursement or Obligation	Mailing Address 100 Asbury Ct			Amou	ınt
Winchester VA 22602 Transaction ID : 54beaab0-9d54-4a60-9 Date of Disbursement or Obligation	City	State	Zip Code		70.00
Purpose of Expenditure Salary Category/ 19pe Office Sought: House District: 00 Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Shelbi L Randall Malling Address 202 East Park Ave Apt 40 City State Zip Code Salary Name of Federal Candidate Mr. Greg Orman City State Zip Code Salary Category/ 1001 Tansaction ID: 51897058-d230-48bc-8 Date of Disbursement or Obligation Transaction ID: 51897058-d230-48bc-8 Date of Public Distribution/Dissemination Transaction ID: 51897			•		saction ID : 54beaab0-9d54-4a60-9
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Shelbi L Randall Mailing Address 202 East Park Ave Apt 40 City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Transaction ID: b1897058-d230-48bc-8 Date of Disbursement or Obligation Tippe 001 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Tansaction ID: b1897058-d230-48bc-8 Date of Disbursement or Obligation Tansaction ID: b1897058-d230-48bc-8 Date of Disbursement or Obligation Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Tansaction ID: b1897058-d230-48bc-8 Date of Disbursement or Obligation Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Tansaction ID: b1897058-d230-48bc-8 Date of Disbursement or Obligation Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Tansaction ID: b1897058-d230-48bc-8 Date of Disbursement or Obligation Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought To Description					W = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Shelbi L Randall Mailing Address 202 East Park Ave Apt 40 City Searcy AR 72143 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan (Electronically Filed) Date Disbursement For: Disbursement For: Disbursement For: Primary General 2014 Other (specify) Date Tansaction ID: 11897058-02304-8bc-8 Date of Public Distribution/Dissemination Tansaction ID: 11897058-02304-8	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Per Election for Office Sought Full Name of Payee Shelbi L Randall Malling Address 202 East Park Ave Apt 40 City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date of Disbursement in Dr. b1897058-d230-48bc-8 Transaction ID. b1897058-d230-48bc-8 Date of Disbursement or Obligation Transaction ID. b1897058-d230-48bc-8	Mr. Greg Orman		X Oppose	Presid	ent Senate State: KS
Full Name of Payee Shelbi L Randall Mailing Address 202 East Park Ave Apt 40 City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Mark L Pryor Soppose President Searce Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Characterian Support Searce (b) SUBTOTAL of Unitemized Independent Expenditures Characterian Support Searce Characterian Support Searce Calendar Year-To-Date Per Election for Office Sought Category/ On Micharacterian Support Searce Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Searce Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Searce Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Searce Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Searce Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Searce Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Searce Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Searce Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Searce Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Searce Category/ Oppose P			71523.33	2014	
Shelbi L Randall Mailing Address 202 East Park Ave Apt 40 City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Office Sought: House District: 00 Mr. Mark L Pryor Soppose President Searce Sought Searce State: AR Disbursement For: Primary Searce State: AR Disbursement For: Primary Searce State: AR Disbursement For: Other (specify) Searce State: AR Disbursement For: Primary Searce State: AR Disbursem	Full Name of Payer				
Mailing Address 202 East Park Ave Apt 40 City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Name of Federal Candidate State St					M = M / D = D / Y = Y = Y
Searcy AR 72143 Purpose of Expenditure Salary Category/ 001 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Tansaction ID: b1897058-d230-48bc-8 Date of Disbursement or Obligation Toppe 001 Toppe 01 To	Mailing Address 202 East Park Ave Ap	t 40		Amou	للنبا لنا لن
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City	State	Zip Code		55.00
Purpose of Expenditure Salary Category/ Type	Searcy	AR	72143	Transa Date	action ID: b1897058-d230-48bc-8 of Disbursement or Obligation
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures					M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought 184933.35	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Mr. Mark L Pryor		X Oppose	Presid	lent State: AR
(b) SUBTOTAL of Unitemized Independent Expenditures		,,	184933.35	2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a) SUBTOTAL of Itemized Independent E	Expenditures		•	125.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independen	t Expenditures		•	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditures			•	7 7 7
[Electronically Filed] Date 10 22 2014	with, or at the request or suggestion of, a	ny candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	
	Signature				

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OF

,						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>			<u> </u>	FEC I	DENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Am	ends repo		M = M	/ D D /	Y = Y = Y
Full Name of Payee				Date	of Publ	lic Distribution/	Dissemination
Shelbi L Randall					M 10	20	2014
Mailing Address 202 East Park Ave Apt 40				Amo	unt		
City	State	Zip Code		$-\Gamma$			26.22
Searcy	AR	72143				ID: 3ad86228 oursement or C	
Purpose of Expenditure Mileage		Category/ Type	002] [10	20	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District: 00
Mr. Mark L Pryor		\boxtimes	Oppose	Presid	dent	X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	1	84933.35		Disburseme		Primary	General
Full Name of Payee Rodney O Culbreath Mailing Address 100 Asbury Ct					of Pub	lic Distribution/	Dissemination Y Y Y 2014
City	State	Zip Code					80.00
Winchester	VA	22602				ID: 1de08c3e- oursement or C	
Purpose of Expenditure Salary		Category/ Type	001		10 ^M	20	2014
Name of Federal Candidate			Support	Office Soug	ıht:	House	District:00
Mr. Greg Orman		X	Oppose	Presid	dent	X Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	71523.3	3	Disburseme 2014		Primary	X General
(a) SUBTOTAL of Itemized Independent Expenditures				•			106.22
(b) SUBTOTAL of Unitemized Independent Expenditure	res			•		7	
(c) TOTAL Independent Expenditures				•			
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized						
Ms. Emily Buchanan	[Electroni	cally Filed]	Date	10 /	22	201	
Signature							

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OF

	FOR SE	OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFIC	ATION NUMBER ▼
Women Speak Out PAC	C C005307	66
Check if 24-hour report X 48-hour report New report	Amends report filed on	/
Full Name of Payee	Date of Public Distribut	tion/Dissemination
Rodney D Culbreth	10 / 20	/ Y Y Y Y Y 2014
Mailing Address 100 Asbury CT	Amount	
3200 Dam Neck Rd		20.00
City State Zip C Winchester VA 2260		80.00 edc-c196-43e0-9 or Obligation
Purpose of Expenditure Salary Cat	egory/ Type 001 10 20	2014
Name of Federal Candidate	Support Office Sought: House	District:00
Mr. Greg Orman	Oppose President Senate	e State: KS
Calendar Year-To-Date Per Election for Office Sought 7152		nary X General
Full Name of Payee Rze Culbreath Mailing Address 100 Asbury Ct	Date of Public Distribu	tion/Dissemination / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip	Code	80.00
Winchester VA 226	Transaction ID : 73529 Date of Disbursement	
Purpose of Expenditure Salary Cat	egory/ Type 001 10 20	2014
Name of Federal Candidate	Support Office Sought: House	District: 00
Mr. Greg Orman	Oppose President Senate	e State: KS
Calendar Year-To-Date Per Election for Office Sought 7	Disbursement For: Print 2014 Other (specify)	nary X General
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	······	7 4
Under penalty of perjury I certify that the independent expenditures repowith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Signature	Filed] Date 10 22	2014
Oignaturo		

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,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report f	illed on
Full Name of Payee	Date of Public Distribution/Dissemination
Shantal C Culbreath	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4691 Hercules Lane	Amount
City State Zip Code	100.00
Woodbridge VA 22193	Transaction ID : cacf38cf-2edd-423b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Odichadi Ical lo Dalc	isbursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Brieshauna M Stevens	Date of Public Distribution/Dissemination
Mailing Address 1703 Torrey Pines Ct	Amount
City State Zip Code	70.00
Reston VA 20190	Transaction ID: 63ec5681-8eea-4d66-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 20 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
	olsbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 2014
Signature	

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Full Name of Payee Jacob T Craig			
Check if 24-hour report	NUMBER ▼		
Check if 24-hour report			
Jacob T Craig Mailing Address 1410 Bushville Dr	YYYY		
Mailing Address 1410 Bushville Dr	emination		
	2014		
City State Zip Code	25.00		
Lenoir NC 28645 Transaction ID : 8d938219-37 Date of Disbursement or Oblig			
Purpose of Expenditure	2014		
Name of Federal Candidate Support Office Sought: House Dist	rict:00		
Ms. Kay Hagan	ate: NC		
Calendar Year-To-Date Per Election for Office Sought 1041066.50 Disbursement For: □ Primary 2014 □ Other (specify) ▶	X General		
Full Name of Payee Date of Public Distribution/Diss	semination		
Kelly Dolan	2014		
Mailing Address 543 S 2nd St Amount			
City State Zip Code	70.00		
Bellaire NC 77401 Transaction ID : 784d6754-677 Date of Disbursement or Oblig			
Purpose of Expenditure Salary Category/ Type 001 10 20 Y	2014		
Name of Federal Candidate Support Office Sought: House Dist	rict:00		
Ms. Mary L Landrieu	ate: LA		
Calendar Year-To-Date Per Election for Office Sought 199041.81 Disbursement For: □ Primary 2014 Other (specify) ▶	X General		
(a) SUBTOTAL of Itemized Independent Expenditures	95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan [Electronically Filed] Date 10 22 2014 Signature	Y		

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Kelly Dolan	10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 543 S 2nd St	mount
City State Zip Code	6.90
Bellaire NC 77401 Ti	ransaction ID: b2b3bb44-0d81-453a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Oppose Pro	resident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General
	Other (specify) ►
Full Name of Payee April A Watson	Date of Public Distribution/Dissemination
Mailing Address 30217 Crook Rd	10 20 2014 Amount
City State Zip Code	25.00
	ansaction ID: 898105af-446b-41c3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
Name of Federal Candidate Support Office S	lought: House District: 00
Mr. Greg Orman Oppose Pr	resident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	31.90
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	VI EXI EIVE	ATOTILO	PAGE 113 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination
Mailing Address 30217 Crook Rd			10 20 2014
			Amount
City	State	Zip Code	12.96
Cleveland	МО	64734	Transaction ID : cb0db4f1-56fa-44c5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 20 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	71523.33	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeremy Hollar			10 20 7 2014
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	20.00
Boone	NC	28607	Transaction ID : 2f4c93dd-fac8-475e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1041066.50	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		32.96
(b) SUBTOTAL of Unitemized Independent Expendent	diturae		
(b) 300101AL of Officernized independent Expend	intures		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

		F	FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C co	00530766
Ched	ck if 24-hour report X 48-hour report New report Amends report filed	on Man /	D = D / Y = Y = Y
	Full Name of Payee Jeremy Hollar	Date of Public [Distribution/Dissemination
	•	10	20 / 2014
	Mailing Address 121 Meadowview Drive	Amount	
(City State Zip Code		20.70
L	Boone NC 28607		: a0ba26a2-61b7-415d-9 ement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	20 / 2014
Т	Name of Federal Candidate Support Office	Sought:	House District:00
ı	Ms. Kay Hagan Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Other (spec	Primary
r	Full Name of Payee Tylan S Green	Date of Public I	Distribution/Dissemination
-	•	10	20 / 2014
	Mailing Address 2320 Saint Nick Dr	Amount	
	City State Zip Code		80.00
	New Orleans LA 70131		7102dc1e-1f41-4345-8 sement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	20 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President X	Senate State:LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For: Other (spec	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures	7	100.70
(k	SUBTOTAL of Unitemized Independent Expenditures	4	4
(0	c) TOTAL Independent Expenditures	-	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not magith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D D 22	2014
	Signature		

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OF

······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	i on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Tylan S Green	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr	Amount
City State Zip Code	20.40
New Orleans LA 70131	Transaction ID : 8d44044b-0f17-4b3f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type O02	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary
Full Name of Payee	
Danielle McCoy	Date of Public Distribution/Dissemination 10 20 2014
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	55.00
High Point NC 27260	Transaction ID : 5dffe495-9631-46b9-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	75.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Sch	nedule E)	Onle		PAGE 116 OF 147 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
Chec	ck if 24-hour report X 48-hour report New repor	rt Amends repor	t filed on	D = D / Y = Y = Y
_				
	Full Name of Payee Danielle McCoy		Date of Public	Distribution/Dissemination 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1025 Cayley Ct		Amount	
	City State Z	Zip Code		18.30
L		27260		D: 2ca3850d-bbdb-40f7-9 rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	10	20 / 2014
Ī	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1066.50	Disbursement For: 2014 Other (spe	Primary
Γ	Full Name of Payee		Date of Public	Distribution/Dissemination
١	Eleanor McCoy		10	20 / 2014
ľ	Mailing Address 4902 Catawba Dr			20 2011
١			Amount	
ŀ	City State 2	Zip Code		40.00
		27407	Transaction ID Date of Disbu	: fe55ca5b-d01d-4175-a rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	20 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1041066.50	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		>	58.30
(k	o) SUBTOTAL of Unitemized Independent Expenditures		•	
(0	c) TOTAL Independent Expenditures		•	
W	nder penalty of perjury I certify that the independent expenditures reith, or at the request or suggestion of, any candidate or authorized carty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronic	ally Filed] Date	10 / 22	/ Y Y Y Y Y Y 2014
	Signature			

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Eleanor McCoy	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4902 Catawba Dr	ount
City State Zip Code	17.10
Greensboro NC 27407 Tra	insaction ID : a8c110ab-8611-4f73-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Me Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
Full Name of Payee Dat	Other (specify)
Chris McCoy	te of Public Distribution/Dissemination 10 20 2014
Mailing Address 1025 Cayley Ct	10 20 2014 nount
City State Zip Code	40.00
High Point NC 27260 Tran	nsaction ID: a3831c38-5d48-4d6c-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	57.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	/ 22 / Y Y Y Y Y Y Y Z Y Z 2014
Signature	

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Schedule E)	ENT EXICIO	TIONES	PAGE 118 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			10 20 / 2014
			Amount
City	State	Zip Code	16.80
High Point	NC	27260	Transaction ID: 8e2d1bb5-ada2-4ebe-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 20 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	041066.50	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carl Brent			10 20 7 2014
Mailing Address 6718 Lake Willow Dr			Amount
City	State	Zip Code	80.00
New Orleans	LA	70126	Transaction ID: 581f0a83-0e46-483b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		96.80
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	PAGE 119 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	lew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Carl Brent	10 / 20 / 2014
Mailing Address 6718 Lake Willow Dr	Amount
City State	Zip Code 9.30
New Orleans LA	70126 Transaction ID : 7fca987f-f11e-44fe-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Brandon Wheeler	10 20 7 2014
Mailing Address 10112 Piney Creek Ct	Amount
City State	Zip Code 85.00
Charolette NC	28215 Transaction ID : fd6463c7-957f-4fcb-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 20 / Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	94.30
,	
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	Electronically Filed] Date 10 22 2014
-	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Brandon Wheeler	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10112 Piney Creek Ct	Amount
City State Zip Code	62.10
Charolette NC 28215	Transaction ID : 472fb659-024c-43ad-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 7 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disk 2014	oursement For: Primary X General Other (specify) ▶
Full Name of Payer	
Full Name of Payee Julie M Gentry	Date of Public Distribution/Dissemination
Mailing Address 314 S Main St	Amount
City State Zip Code	35.00
Roxboro NC 27573	Transaction ID : da243908-179a-44fd-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	97.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 2014
Signature	

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<u> </u>	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee Date	e of Public Distribution/Dissemination		
Julie M Gentry	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 314 S Main St Amo	ount		
City State Zip Code	7.44		
Roxboro NC 27573 Tran	nsaction ID : c02fe3c6-abd0-4d46-a e of Disbursement or Obligation		
Purpose of Expenditure Mileage Category/ Type 002	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office Sou	ght: House District: 00		
Ms. Kay Hagan Presi			
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 2014			
	Other (specify)		
Full Name of Payee Mr. Roger McKinney	e of Public Distribution/Dissemination 10 20 2014		
Mailing Address 308 West Main Street	ount		
City State Zip Code	113.30		
	saction ID: 79649545-ec6f-4155-8 e of Disbursement or Obligation		
Purpose of Expenditure Salary Category/ Type 001	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office Sou	ght: House District: 00		
Ms. Kay Hagan Oppose Presi			
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 2014	ent For:		
(a) SUBTOTAL of Itemized Independent Expenditures	120.74		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7		
(c) TOTAL Independent Expenditures	7 7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.			
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Z Y Z 2014		
Signature			

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mr. Roger McKinney	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 308 West Main Street	Amount
	City State Zip Code	35.28
	Pilot Mountian NC 27041	Transaction ID : 6a7a75b5-6443-4bbb-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:00
	Mc Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary General
		Other (specify)
	Full Name of Payee Glenda McKinney	Date of Public Distribution/Dissemination
	Mailing Address 308 West Main Street	10 20 2014 Amount
	City State Zip Code	113.30
	·	Transaction ID : 4a0d9ed0-0157-4919-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 20 / Y 2014
	Name of Federal Candidate Support Office	Sought: House District:00
		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	148.58
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	
	Signature	للثنيا ليا ل

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Schedule E)		101120		PAGE 123 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee Jeffrey Hampton			M = M	c Distribution/Dissemination
Mailing Address 1700 E Part Ave			10 Amount	20 2014
	O	7: 0 !		04.00
City Searcy	State AR	Zip Code 72149		34.00 ID: fd10ec83-1a7c-4067-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	20 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	. 1	84933.35	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Jeffrey Hampton			Date of Publi	c Distribution/Dissemination
Mailing Address 1700 E Part Ave			Amount	20 2014
City	State	Zip Code		22.62
Searcy	AR	72149		D: d686700f-07b9-4199-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 ^M	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Noppose Noppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	184933.35	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	s		.	56.62
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· · · · ·	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 22	2014

Schedule E)	I LAFLIND	ITONES		PAGE 124 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Carol L Walters			Date of Public	Distribution/Dissemination
Mailing Address 1900 Glen West Way			10 Amount	20 2014
			Amount	
City	State	Zip Code		75.00
Fort Smith	AR	72916		D: a65ff157-1639-4550-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	184933.35	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee				c Distribution/Dissemination
Carol L Walters			10	20 2014
Mailing Address 1900 Glen West Way			Amount	20 2014
City	State	Zip Code		1.80
Fort Smith	AR	72916		D: bd85aa0d-9c5a-471e-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	184933.35	Disbursement For: 2014 Other (sp	Primary
(a) CURTOTAL of the river deal for each of Free differen	_			77.00
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	76.80
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		>	4
(c) TOTAL Independent Expenditures)	7 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / D D D 22	2014
Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
ERIC TABARY	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST	Amount
City State Zip Code	70.00
METAIRIE LA 70003	Transaction ID: f653d680-9bd4-430b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
Full Name of Payee	
Ms. Tonya Boyd	Date of Public Distribution/Dissemination 10 20 2014
Mailing Address 2357 Fancy Cap Rd	Amount
City State Zip Code	80.00
Mt. Airy NC 27030	Transaction ID: 51d5d5f1-aa6b-46f6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 1	0 22 2014
Signature	

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OF

Mt. Airy NC 27030 Transaction ID: 0fba8bd9-bad2-42cc Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type Ouz Name of Federal Candidate Support Office Sought: House District:	ion .54 c-b
Check if 24-hour report	.54 c-b
Check if 24-hour report	.54 c-b
Ms. Tonya Boyd Mailing Address 2357 Fancy Cap Rd Amount City State Zip Code 21 Mt. Airy NC 27030 Transaction ID: 0fba8bd9-bad2-42cc Date of Disbursement or Obligation Purpose of Expenditure Mileage Support Office Sought: House District: Senate State: No. Kay Hagan Support Office Sought: President Senate State: No. Kay Hagan Support Office Sought: President Senate State: No. Calendar Year-To-Date Per Election for Office Sought 1041066.50 Disbursement For: Primary Ge Per Election for Office Sought 1041066.50 Date of Public Distribution/Disseminate Benjamin L Heitman Mailing Address 2520 Helmstetler Rd Mailing Address 2520 Helmstetler Rd	.54 c-b
Mailing Address 2357 Fancy Cap Rd Amount City State Zip Code 21 Mt. Airy NC 27030 Transaction ID: 0fba8bd9-bad2-42cc Date of Disbursement or Obligation Purpose of Expenditure Mileage Support Office Sought: House District:	.54 c-b
City State Zip Code Mt. Airy NC 27030 Purpose of Expenditure Mileage Category/ Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Benjamin L Heitman Mailing Address 2520 Helmstetler Rd State Zip Code 21 Transaction ID: Offba8bd9-bad2-42cc Date of Disbursement or Obligation M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y	c-b
Mt. Airy NC 27030 Transaction ID: 0fba8bd9-bad2-42ccc Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ns. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Benjamin L Heitman Mailing Address 2520 Helmstetler Rd NC 27030 Transaction ID: 0fba8bd9-bad2-42ccc Date of Disbursement or Obligation Office Sought: House District: President X Senate State: Disbursement For: Primary X Ge 2014 Other (specify) ▶ Date of Public Distribution/Disseminat Amount	c-b
Mt. Airy NC 27030 Transaction ID: 0fba8bd9-bad2-42ccc Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ns. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Benjamin L Heitman Mailing Address 2520 Helmstetler Rd NC 27030 Transaction ID: 0fba8bd9-bad2-42ccc Date of Disbursement or Obligation Office Sought: House District: President X Senate State: Disbursement For: Primary X Ge 2014 Other (specify) ▶ Date of Public Distribution/Disseminat Amount	c-b
Purpose of Expenditure Mileage Category/ Type O02 M M M M / D 20 2014 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Benjamin L Heitman Mailing Address 2520 Helmstetler Rd Category/ Type O02 Office Sought: House District: Disbursement For: Primary Ge 2014 Other (specify) Date of Public Distribution/Disseminat M M M M M M M M M M M M M M M M M M M	
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Benjamin L Heitman Mailing Address 2520 Helmstetler Rd Senate State: Disbursement For: Primary Ge 2014 Other (specify) ▶ Date of Public Distribution/Disseminat Amount	
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Benjamin L Heitman Mailing Address 2520 Helmstetler Rd Disbursement For: Primary 2014 Other (specify) ▶ Date of Public Distribution/Disseminat M M M D D D D D D D D D D D D D D D D	00
Per Election for Office Sought 1041066.50 2014 Other (specify) ▶ Full Name of Payee Benjamin L Heitman Mailing Address 2520 Helmstetler Rd Other (specify) ▶ Amount	NC
Full Name of Payee Benjamin L Heitman Mailing Address 2520 Helmstetler Rd Date of Public Distribution/Disseminat 10 20 2014 Amount	neral
Benjamin L Heitman Mailing Address 2520 Helmstetler Rd Amount	
Mailing Address 2520 Helmstetler Rd Amount	/ = Y
City State Zip Code 58.3	
	30
Lexington NC 27295 Transaction ID: 0ae28778-f3d0-45aa- Date of Disbursement or Obligation	·b
Purpose of Expenditure Salary Category/ Type O01 10 20 2014	
Name of Federal Candidate Support Office Sought: House District:	00
Ms. Kay Hagan	NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2014 Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or corwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poliparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 22 2014	
Signature	

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OF

······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Benjamin L Heitman	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2520 Helmstetler Rd	Amount
City State Zip Code	5.40
Lexington NC 27295	Transaction ID : bf9f274c-979c-4d7c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payer	
Full Name of Payee Dylan J Sparks	Date of Public Distribution/Dissemination 10 20 2014
Mailing Address 915 East Market Ave	Amount
City State Zip Code	70.00
Searcy AR 72149	Transaction ID : da4617db-6ce5-4fe2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General 4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	75.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 2014
Signature	

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OF

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Dylan J Sparks	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave	mount
City State Zip Code	63.60
Searcy AR 72149 Ti	ransaction ID: 13870d49-0718-474b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Mark I. Pryor	resident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary General
Full Name of Payer	Other (specify)
Full Name of Payee Edmond D Rea	Date of Public Distribution/Dissemination 10 20 2014
Mailing Address 416 Vine Dr	10 20 2014 Amount
City State Zip Code	70.00
Lawrence KS 66049 Tra	ansaction ID: 44c412c3-c797-4595-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 20 / 2014
Name of Federal Candidate Support Office So	Sought: House District: 00
	resident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	133.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 5
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	لسنسا لسا ا

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	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Edmond D Rea	10 20 / Y Y Y Y
	Mailing Address 416 Vine Dr	Amount
	City State Zip Code	16.89
	Lawrence KS 66049	Transaction ID : 57108726-228d-4bca-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	74500.00	ursement For: Primary X General
	Per Election for Office Sought 71523.33 2014	Other (specify) ▶
	Full Name of Payee Michael B Fuhrmann	Date of Public Distribution/Dissemination
	Mailing Address 329 Columbia St	10 20 2014
	Mailing Address 329 Columbia St	Amount
	City State Zip Code	60.00
	Shreveport LA 71104	Transaction ID: b929e5b0-8707-42b2-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 20 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	76.89
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 1 7 1 1 7 1
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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Schedule E)	ZA ENDITORIES	PAGE 130 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on Mam / Dab / Yayayay
Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination
Mailing Address 329 Columbia St		10 20 2014 Amount
City Sta	ate Zip Code	16.80
Shreveport L	·	Transaction ID : 9cf040e7-e60e-4131-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 20 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District:00
Ms. Mary L Landrieu	Oppose [President State: LA
Calendar Year-To-Date Per Election for Office Sought	199041.81 Dis	sbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Thomas A Gawdun		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2207 SE 64th St		Amount
City Sta	ate Zip Code	5.00
'	S 66605	Transaction ID : a626565d-ac8d-4327-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 20 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
() () () () () () () () () () () () () (
(a) SUBTOTAL of Itemized Independent Expenditures	·····	21.80
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eit	
Ms. Emily Buchanan	[Electronically Filed] Date	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Thomas A Gawdun	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2207 SE 64th St	nount
City State Zip Code	0.15
Topeka KS 66605 Tra	nnsaction ID : d2020105-e020-49dc-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
Full Name of Payee Dat	Other (specify)
Adam L Clark	te of Public Distribution/Dissemination 10 18 2014
Mailing Address 1851 S Laura St	nount
City State Zip Code	75.00
	nsaction ID: 71800102-2457-495e-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 18 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	75.15
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y 22 2014
Signature	

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fi	led on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Rebecca A Robertson	10 20 / 2014
Mailing Address 403 S Prescott St	Amount
City State Zip Code	15.00
Wichita KS 67209	Transaction ID: 67fde4dd-ed15-4db7-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
odioridal todi to bato	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Rebecca A Robertson	Date of Public Distribution/Dissernination 10 20 2014
Mailing Address 403 S Prescott St	Amount
City State Zip Code	2.40
Wichita KS 67209	Transaction ID: 204c01f5-268f-4115-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 20 / 2014
Name of Federal Candidate Support O	ffice Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
	isbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	17.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 22 2014
Signature	

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OF

	meduic L)		FOR SE OF FORM 24/48				
	IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
V۷	Vomen Speak Out PAC		C C00530766				
Che	eck if 24-hour report X 48-hour report New report Amends re	report file	ed on M M / D D / Y Y Y Y				
Т	Full Name of Payee		Date of Public Distribution/Dissemination				
	Jodi DeFrees		10 17 2014				
	Mailing Address 201 E Mt Vernon		Amount				
ŀ	City State Zip Code		60.00				
	Wichita KS 67211		Transaction ID : d8d44f82-0efc-4dd4-8 Date of Disbursement or Obligation				
İ	Purpose of Expenditure Salary Category/ Type 00	001	10 17 2014				
ŀ	Name of Federal Candidate Support	t Offi	ice Sought: House District: 00				
	Mr. Greg Orman Oppose		President Senate State: KS				
Ī	Calendar Year-To-Date Per Election for Office Sought 71523.33	Dis 201					
-	Tel Election for Office Sought		U Other (specify) ►				
	Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination				
	Mailing Address 201 E Mt Vernon		10 17 2014				
		_	Amount				
ĺ	City State Zip Code		6.60				
	Wichita KS 67211		Transaction ID : ca8a4b2f-50cd-408f-b Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage Category/ Type OC	002	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
ŀ	Name of Federal Candidate Support	rt Offi	fice Sought: House District: 00				
	Mr. Greg Orman Oppose	I	President State: KS				
	Calendar Year-To-Date Per Election for Office Sought 71523.33		sbursement For: Primary X General 14 Other (specify) ▶				
((a) SUBTOTAL of Itemized Independent Expenditures	······ >	66.60				
((b) SUBTOTAL of Unitemized Independent Expenditures	·····					
((c) TOTAL Independent Expenditures	······· >					
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronically Filed]	Date	10 22 2014				
	Signature	Dale					
		1					

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Sc	hedule E)			PAGE 134 OF 147 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	eck if 24-hour report X 48-hour report New report	Amends repo	ort filed on	= M / D = D / Y = Y = Y
_				
	Full Name of Payee Jodi DeFrees			of Public Distribution/Dissemination 10 19 2014
	Mailing Address 201 E Mt Vernon		Amou	nt
ŀ	City State Zip Co	ode		30.00
	Wichita KS 67211			action ID : b66ceca4-e4f1-4276-9 of Disbursement or Obligation
	Purpose of Expenditure Salary Cate	gory/ Type 001	М	10 19 / 2014
ı	Name of Federal Candidate	Support	Office Sough	it: House District: 00
	Mr. Greg Orman	X Oppose	Preside	ent Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought 71523.	.33	Disbursemen 2014 O	ther (specify) ▶
ſ	Full Name of Payee		Date	of Public Distribution/Dissemination
1	Jodi DeFrees		TV	10 19 2014
ľ	Mailing Address 201 E Mt Vernon			10 10 2011
1			Amou	ınt
ľ	City State Zip Co	ode		4.80
	Wichita KS 6721	1		oction ID: b8c51e8c-71b0-42b6-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage Cate	gory/ Type 002	IV	10 19 2014
ľ	Name of Federal Candidate	Support	Office Sough	nt: House District: 00
	Mr. Greg Orman	X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought 71:	523.33	Disbursemen 2014 O	nt For:
((a) SUBTOTAL of Itemized Independent Expenditures		▶	34.80
((b) SUBTOTAL of Unitemized Independent Expenditures		·· •	
((c) TOTAL Independent Expenditures		·· •	7 7 7
٧	Under penalty of perjury I certify that the independent expenditures reports with, or at the request or suggestion of, any candidate or authorized common party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically F	iled] Date	e 10	22 / 2014
	Signature			

Schedule E)	-INI EXPEND	DITORES		PAGE 135 OF 147 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FFC ID	DENTIFICATION NUMBER ▼		
Women Speak Out PAC C C00530766						
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	D = D / Y = Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Peggy S ODonnell			10	20 / 2014		
Mailing Address 4218 Eagle Lake Ct			Amount			
City	State	Zip Code		20.00		
Bel Aire	KS	67220		D: c31411d1-fbfb-4c6c-8		
Purpose of Expenditure Salary		Category/ Type 001	10	20 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Greg Orman		X Oppose		Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursement For: 2014 Other (sp	Primary		
Full Name of Payee			Date of Public	c Distribution/Dissemination		
Peggy S ODonnell			10	20 / 2014		
Mailing Address 4218 Eagle Lake Ct			Amount			
City	State	Zip Code		2.40		
Bel Aire	KS	67220		D: e235e3f1-58f6-483b-b ursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	20 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Mr. Greg Orman		X Oppose	President >	Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶		
(a) SUBTOTAL of Itemized Independent Expend	itures			22.40		
			7	7		
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	7		
(c) TOTAL Independent Expenditures			•	1 7 1 7		
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize					
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 10 22	2014		
Olyllatule						

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Jacob W Joosten	10 18 2014
Mailing Address 1906 S Pine Apt B	Amount
City State	Zip Code 90.00
Pittsburg KS	66762 Transaction ID : 9b8c1323-6183-4011-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	71523.33 Disbursement For: ☐ Primary ☐ General Other (specify) ▶
Full Name of Payer	
Full Name of Payee Jacob W Joosten	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1906 S Pine Apt B	Amount
City State	Zip Code 15.60
Pittsburg KS	66762 Transaction ID : 6d30a51a-921f-4143-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 18 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	71523.33 Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	105.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	Electronically Filed] Date 10 22 2014
Signature	

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147

OF

FEC IDENTRICATION NUMBER ▼ C C00530766	ooneduic Ly		FOR SE OF FORM 24/48			
Check if			FEC IDENTIFICATION NUMBER ▼			
Full Name of Payee Irene R Hoyer	women Speak Out PAC		C C00530766			
Mailing Address 4310 N Mission Rd	Check if 24-hour report X 48-hour report New report	ort Amends report filed	I on Man / Dad / Yayayay			
Mailing Address 4310 N Mission Rd City State Zip Code KS 67226 Purpose of Expenditure Sulport Transaction ID: b91d5452-de67-444c-a Date of Disbursement or Obligation Mr. Greg Orman Support Office Sought: House District: 00 President Senate State: KS Calendar Year-To-Date President Senate State: KS Full Name of Pegye Full Name of Pegye Full Almo of Pegye Full Almo of Pegye Full Almo of Pegye Full Almo of Pegye Furpose of Expenditure Mailing Address 4310 N Mission Rd City State Zip Code Bet Aire KS 67226 Purpose of Expenditure Mileage Category/ 002 Mr. Greg Orman Support Office Sought Transaction ID: 851b659-9bd6-4239-a Date of Disbursement or Obligation Transaction ID: 851b659-9bd6-4239-a Date of Disbursement For: Primary Scaneral Transaction ID: 851b659-9bd6-4239-a Date of Disbursement or Obligation Transaction ID: 851b659-9bd6-4239-a Date of Disbursement For: Primary Scaneral Transaction ID: 851b659-9bd6-4239-a Date of Disbursement For: Primary Scaneral Transaction ID: 851b659-9bd6-4239-a Date of Disbursement For: Primary Scaneral Transaction ID: 851b659-9bd6-4239-a Date of Disbursement For: Primary Scaneral Transaction ID: 851b659-9bd6-			Date of Public Distribution/Dissemination			
City State Zip Code Bet Aire KS 67226 Purpose of Expenditure Salary Name of Federal Candidate Mr. Grieg Orman Calendar Year-To-Date Per Election for Office Sought City State Zip Code Bet Aire RS 67226 Category/ Toffice Sought: House District: 00 President Senate State: KS Disbursement For: Primary General Per Election for Office Sought City State Zip Code Bet Aire RS 67226 Transaction ID: b91454b2-de67-444c-a Date of Disbursement For: Dotal President Senate State: KS Disbursement For: Primary General Per Election for Office Sought Amount City State Zip Code Bet Aire KS 67226 Transaction ID: 5515669-9bd6-4239-a Date of Disbursement or Obligation Transaction ID: 551569-9bd6-4239-a Date of Disbursement For: Primary General Transaction ID: 551569-9bd6-4239-a Date of Disbursement For: Primary General Transaction ID: 551569-9bd6-4239-a Date of Disbursement For: Primary General Transaction ID: 551569-9bd6-4239-a Date of Disbursement For: Primary General Transaction ID: 551569-9bd6-4239-a Date of Disbursement For: Primary General Transaction ID: 551569-9bd6-4239-a Date of Disbursement For: Primary General Transaction ID: 551569-9bd6-4239-a Date of Disbursement For: Primary General Transaction ID: 551569-9bd6-4239-a Date of Disbursement For: Primary General Transaction ID: 551569-9bd6-4239-a Date of D	•					
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Bel Aire KS 67226 Purpose of Expenditure Salary Name of Federal Candidate Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Amount City State Zip Code Bel Aire Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Name of Payee Irene R Hoyer Full Name of Payee Irene R Hoyer Mailling Address 4310 N Mission Rd Amount City State Zip Code Bel Aire KS 67226 Purpose of Expenditure Mileage Name of Federal Candidate Name of	City State	Zip Code	10.00			
Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Irene R Hoyer City Salare Name of Federal Candidate Misage Calegory Total Anount City Salare Calegory Misage Calegory Misage Calegory Total Calegory Total Calegory Total Tansaction ID: 8551b699-bd64-4239-a Date of Disbursement or Obligation Tansaction ID: 8551b699-bd64-4239-a Date of Public Distribution/Dissemination Total Public Distribution/Dissemination Tansaction ID: 8551b699-bd64-4239-a Date of Public Distribution/Dissemination Total Public Distribution/Dissemination Tansaction ID: 8551b699-bd64-4239-a Date of Public Distribution/Dissemination Tansaction ID: 8551b699-bd64-4239-a Date of Public Distribution/Dissemination Total Public Distribution/Dissemination Total Public Distribution/Dissemination Total Public Distribution/Dissem	l i	•	Transaction ID : b91d54b2-de67-444c-a			
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Irene R Hoyer Mailing Address 4310 N Mission Rd City State Zip Code Bel Aire KS 67226 Purpose of Expenditure Mileage Category/ Mileage			M M / D D / Y Y Y Y			
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Irene R Hoyer Mailing Address 4310 N Mission Rd City State Zip Code Bel Aire KS 67226 Delte of Disbursement For: Transaction ID: \$551669-9046-4239-a Date of Disbursement or Obligation Mileage Category/ 17/19 002 Name of Federal Candidate Mileage Calendar Year-To-Date Per Election for Office Sought To Offic	Name of Federal Candidate	Support Office	e Sought: House District: 00			
Per Election for Office Sought Full Name of Payee Irene R Hoyer Mailing Address 4310 N Mission Rd City State Zip Code Bel Aire KS 67226 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date Other (specify) Date of Disbursement or Obligation Transaction ID: 8551b5b9-9bd6-4239-a Date of Disbursement or Obligation	Mr. Greg Orman					
Full Name of Payee Irene R Hoyer Mailing Address 4310 N Mission Rd City State Zip Code Bel Aire KS 67226 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Mr. Greg Orman Support Office Sought: House District: 00 Mr. Greg Orman Support Office Sought: Senate State: KS Calendar Year-To-Date Per Election for Office Sought Tother (specify) Mailing Address 4310 N Mission Rd Amount Transaction ID: 8551b5b9-9bd6-4239-a Date of Disbursement or Obligation D: 8551b5b9-9bd6-423						
Irene R Hoyer	Full Name of Davis					
Mailing Address 4310 N Mission Rd City State Zip Code Bel Aire KS 67226 Purpose of Expenditure Mileage Category/ Type OD2 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought T1523.33 Calendar Year-To-Date Per Election for Office Sought T1523.33 Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought T1523.33 Calendar Year-To-Date Per Election for Office Sought T1523.33 Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought T1523.33 Calendar Year-To-Date Per Election for Office Sought T1523.33 Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought T1523.33 Calendar Year-To-Date Per Election for Office Sought T1523.33 Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought T1523.33 Calendar Year-To-Date Per Election for Office Sought T1520		M = M / D = D / Y = Y = Y				
Bel Aire KS 67226 Purpose of Expenditure Mileage Category/ Mileage Category/ Type O02 Total Independent Expenditures Category/ Type Category/ Type O05 Transaction ID: 8551b6b9-9bd6-4239-a Date of Disbursement or Obligation Office Sought: House District: O0 President Senate State: KS Calendar Year-To-Date Per Election for Office Sought Total Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Uniternized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 8551b6b9-9bd6-4239-a Date of Disbursement or Obligation Total House District: O0 Total House District: O0 Total House District: O0 Total House District: O0 Total No Senate State: KS Other (specify) Indicator Office Sought Total House District: O0 Total House District: On Total House	Mailing Address 4310 N Mission Rd					
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Tipe Oppose President Support Other (specify) Other (specify) (a) SUBTOTAL of Unitemized Independent Expenditures (b) SUBTOTAL of Unitemized Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Office Sought: House District: 00 President Senate State: KS Other (specify) Other (specify) Indicator of Disbursement or Obligation Office Sought: House District: Other (specify) Other (specify) Under (specify) Indicator of Disbursement or Obligation Office Sought: House District: Other (specify) Other (specify) Indicator Ind	City State	Zip Code	1.50			
Purpose of Expenditure Mileage Name of Federal Candidate	Bel Aire KS	67226	Transaction ID: 8551b6b9-9bd6-4239-a Date of Disbursement or Obligation			
Mr. Greg Orman Support College State Co			M = M / D = D / Y = Y = Y			
Calendar Year-To-Date Per Election for Office Sought 71523.33 Disbursement For: Primary General 2014 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate	Support Offic	e Sought: House District: 00			
Per Election for Office Sought 71523.33 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	Mr. Greg Orman	Oppose	President State: KS Senate State:			
(b) SUBTOTAL of Unitemized Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a) SUBTOTAL of Itemized Independent Expenditures	······	11.50			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Date Dat	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	1 1 7 1 1 7 1 1 7 1			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditures	·····				
[Electronically Filed] Date 10 22 2014	with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political					
<u> </u>		ically Filed] Date				
	Signature					

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OF

Schedule E)	LAPLINDI	TUNES		PAGE 138 OF 147 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766			
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		N = M / D = D / Y = Y = Y
Full Name of Payee Mary M Hill				of Public Distribution/Dissemination
Mailing Address 1354 Wildbriar Dr			L	10 17 2014
1354 Wildbilai Di			Amou	ınt
City	State	Zip Code		30.00
Liberty	MO	64068		saction ID : c960ed59-35c2-46b2-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 / 17 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Mr. Greg Orman		X Oppose	Presid	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
The Lukens Company				10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2800 Shirlington Road			Amou	unt
9th Floor			741100	
City S Arlington	State VA	Zip Code 22206		53977.55 action ID : 65c47005-532a-4080-8 of Disbursement or Obligation
Purpose of Expenditure Mailer		Category/ Type 004		10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Greg Orman		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		71523.33	Disbursemen 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures				54007.55
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		·	
(c) TOTAL Independent Expenditures			•	2 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M /	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

							FOR SE OF	FORM 24/48
NAME OF COMMITTE						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak	Out PAC					C	C00530766	
Check if 24-hour r	eport X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M	/ D D /	Y = Y = Y
Full Name of Payer					Da	ate of Pub	lic Distribution/	Dissemination
FP1 Strategi						10 M	20	2014
Mailing Address P	O. Box 16504				Ar	mount		
City		State	Zip Code		ΗГ			20000.00
Alexandria		VA	22302				ID: 4f142d72 oursement or C	
Purpose of Expend Digital Ads	iture		Category/ Type	004		10	20	2014
Name of Federal C	andidate			Support	Office So	ught:	House	District: 00
Ms. Kay Hagan			\times	Oppose	Pre	esident	X Senate	State: NC
Calendar Year Per Election fo	To-Date or Office Sought	10	41066.50		Disburser 2014	ment For:	Primary specify) ▶	X General
Full Name of Paye Southwest Air					Di		olic Distribution/	/Dissemination
Mailing Address						10	20	2014
Mailing Address	PO BOX 35547-1CR				Aı	mount		
City		State	Zip Code					529.25
Dallas		TX	22302				ID: bec4736f-bursement or C	
Purpose of Expend Travel	liture		Category/ Type	004		10	20	2014
Name of Federal C	Candidate			Support	Office Sc	ought:	X House	District: 02
Ann Kuster			\times	Oppose	Pre	esident	Senate	State: NH
Calendar Year Per Election fo	-To-Date or Office Sought	, , ,	41892.9	2	Disburse 2014	ment For:	Primary specify)	X General
(a) SUBTOTAL of It	emized Independent Expenditu	res					7	20529.25
(b) SUBTOTAL of U	Initemized Independent Expend	litures			· •			
(c) TOTAL Independ	dent Expenditures				•			
with, or at the reque	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	ily Buchanan	[Electroni	ically Filed]	Date	M M M	/ 22	D / Y Y 201	
Signature								

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	IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
۷۱	Vomen Speak Out PAC		С	C00530766			
Ch	peck if 24-hour report 48-hour report New report Amends report	t filed	on M M /	D D /	Y = Y = Y = Y		
٦	Full Name of Payee		Date of Public	c Distribution/[Dissemination		
	Southwest Airlines		10 /	20 /	2014		
	Mailing Address PO BOX 35547-1CR		Amount				
	City State Zip Code	=			529.25		
	Dallas TX 22302			ID: 0266f8d3-			
	Purpose of Expenditure Travel Category/ Type 004]	10 10 m	20	2014		
	Name of Federal Candidate Support	Office	Sought:	≺ House □	District: 02		
	Marilinda Garcia Oppose		President _	Senate	State: NH		
	Odiolidai Iodi Io Dato	Disbui 2014	rsement For: Other (sp	Primary	General		
	Full Name of Payee Residence Inn		Date of Public	c Distribution/[
	Mailing Address		10	20 /	2014		
	Mailing Address 91 Hall St.		Amount				
	City State Zip Code				75.75		
	Concord NH 03301		Transaction ID Date of Disbu	D: d840c77a-6 ursement or O			
	Purpose of Expenditure Travel Category/ Type 004]	10	20	2014		
	Name of Federal Candidate Support	Office	Sought:	X House [District: 02		
	Ann Kuster		_	Senate	State: NH		
	Calendar Year-To-Date	Disbu 2014	orsement For:	Primary	X General		
_	(a) SUBTOTAL of Itemized Independent Expenditures	>		,,	605.00		
	(b) SUBTOTAL of Uniternized Independent Expenditures	•	7		1.75		
	(c) TOTAL Independent Expenditures	>			.454		
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronically Filed] Date	M 10		/ Y Y Y 2014			
_	Signature	نت					
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Schedule E)	IDENT EXTEND	ITOTILO	PAGE 141 OF FOR SE OF FORM 24/	147 /48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBI	ER ▼		
Women Speak Out PAC C C00530766						
Check if 24-hour report X 48-hour repo	ort New rep	ort Amends repo	rt filed on	Y		
Full Name of Payee Residence Inn			Date of Public Distribution/Disseminal			
Mailing Address 91 Hall St.			10 20 2014	Y		
orrian da			Amount			
City	State	Zip Code	75	5.75		
Concord	NH	03301	Transaction ID : fe2d4cf1-de29-4d3c Date of Disbursement or Obligation	i-a		
Purpose of Expenditure Travel		Category/ Type 004	10 / 20 / 2014			
Name of Federal Candidate		X Support	Office Sought: X House District:	02		
Marilinda Garcia		Oppose	President Senate State:	NH		
Calendar Year-To-Date Per Election for Office Sought		761.69	Disbursement For: Primary X Ge 2014 Other (specify) ▶	eneral		
Full Name of Payee			Date of Public Distribution/Dissemina	tion		
Capitol City Cab, LLC			10 20 Y Y 2014	Y Y		
Mailing Address PO Box 730			Amount			
City	State	Zip Code	10.3	25		
Concord	NH	03302	Transaction ID: 96237dc1-f534-4417 Date of Disbursement or Obligation	-8		
Purpose of Expenditure Travel		Category/ Type 004	10 / 20 / Y 2014			
Name of Federal Candidate		Support	Office Sought: House District: _	02		
Ann Kuster		X Oppose		NH		
Calendar Year-To-Date Per Election for Office Sought		41892.92	Disbursement For: Primary	eneral		
(a) SUBTOTAL of Itemized Independent Exp	enditures		. ▶ 86.00)		
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •	Ħ		
			75. 1 75. 1 75.			
(c) TOTAL Independent Expenditures			>			
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 22 2014			
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	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
V	Vomen Speak Out PAC						
Ch	eck if 24-hour report X 48-hour report	New rep	ort Amends repo		T = M / D = D / Y = Y = Y = Y		
	Full Name of Payee			Date	of Public Distribution/Dissemination		
	Capitol City Cab, LLC				10 20 / Y Y Y Y Y		
	Mailing Address PO Box 730			Amou	ınt		
	City	State	Zip Code	— I	10.25		
	Concord	NH	03302		saction ID: ae96f47e-c16d-4415-b of Disbursement or Obligation		
	Purpose of Expenditure Travel		Category/ Type 004		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate		Support	Office Sough	nt: X House District: 02		
	Marilinda Garcia		Oppose	Presid	NII I		
	Calendar Year-To-Date Per Election for Office Sought		761.69	Disbursemer 2014	nt For: Primary X General Other (specify) ▶		
	Full Name of Payee			Date	of Public Distribution/Dissemination		
	Panera Bread				10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 75 Fort Eddy Road			Amou	unt		
	City	State	Zip Code		6.91		
	Concord	NH	03301		action ID: 015d14b2-abcb-4c20-9 of Disbursement or Obligation		
	Purpose of Expenditure Travel		Category/ Type 004		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate		Support	Office Sough	ht: X House District: 02		
	Ann Kuster		X Oppose	Presid	□ NH		
	Calendar Year-To-Date Per Election for Office Sought	7	41892.92	Disbursemer 2014	nt For:		
	(a) SUBTOTAL of Itemized Independent Expen	ditures			17.16		
	(b) SUBTOTAL of Uniternized Independent Exp	enditures					
	(4,				4 4		
	(c) TOTAL Independent Expenditures			•	7 7 7		
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	22 / 2014		
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Schedule E)	VI EXI END	ITOTILO	F	PAGE 143 OF 147 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼		
Women Speak Out PAC	Vollien Speak Out FAC					
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Panera Bread			10	20 / 2014		
Mailing Address 75 Fort Eddy Road			Amount			
City	State	Zip Code		6.91		
Concord	NH	03301		D: 44ccbd7a-1d93-4831-b rsement or Obligation		
Purpose of Expenditure Travel		Category/ Type 004	10	20 / 2014		
Name of Federal Candidate		X Support	Office Sought:	House District: 02		
Marilinda Garcia		Oppose	President	Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought	7	761.69	Disbursement For: 2014 Other (spe	Primary		
Full Name of Payee	_		Date of Public	Distribution/Dissemination		
Capitol City Cab, LLC			10	20 / 2014		
Mailing Address PO Box 730			Amount			
City	State	Zip Code		34.50		
Concord	NH	03302		: 3a74daad-c2fd-449e-b rsement or Obligation		
Purpose of Expenditure Travel		Category/ Type 004	10	20 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 02		
Ann Kuster		X Oppose	President	Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought	77	41892.92	Disbursement For: 2014 Other (spe	Primary X General		
(a) SUBTOTAL of Itemized Independent Expenditu	es			41.41		
(b) CUPTOTAL of Heiberined Independent Ferrand				7 7		
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7		
(c) TOTAL Independent Expenditures			>	7		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 22	2014		
- 3						

Schedule E)	INDEPENDENT EXPEND	ITUNES	PAGE 144 OF 147 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	`		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAG	C C					
Check if 24-hour report	48-hour report New rep	ort Amends repo	ort filed on			
Full Name of Payee Capitol City Cab, LL0			Date of Public Distribution/Dissemination			
Mailing Address PO Box 730			10 20 2014			
10 20% 700			Amount			
City	State	Zip Code	34.50			
Concord	NH	03302	Transaction ID: 894f8d2e-6376-4eab-9 Date of Disbursement or Obligation			
Purpose of Expenditure Travel		Category/ Type 004	10 20 / 2014			
Name of Federal Candidate		Support	Office Sought: X House District: 02			
Marilinda Garcia		Oppose	President Senate State: NH			
Calendar Year-To-Date Per Election for Office So	ught	761.69	Disbursement For: Primary General 2014 General Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
CVS			10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 4 Hall Stree	t		Amount			
City	State	Zip Code	15.40			
Concord	NH	03301	Transaction ID: 2fd50836-cc7c-4663-8 Date of Disbursement or Obligation			
Purpose of Expenditure Travel		Category/ Type 004	10 20 / Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:			
Ann Kuster		X Oppose	President Senate State: NH			
Calendar Year-To-Date Per Election for Office So	ught	41892.92	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Inde	ependent Expenditures		49.90			
(u) colling or normal max						
(b) SUBTOTAL of Unitemized In	ndependent Expenditures		· · · · · · · · · · · · · · · · · · ·			
(c) TOTAL Independent Expend	litures		•			
	stion of, any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 22 2014			
Signature						

	modulo L)			FOR SE OF	FORM 24/48		
	NAME OF COMMITTEE (In Full) MANUSCRIPT OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
۷۱	omen Speak Out PAC		С	C00530766			
Check if 24-hour report X 48-hour report New report Amends report filed on							
	Full Name of Payee	Date of	` Publi	ic Distribution/	/Dissemination		
	CVS		10 ^M	20 /	2014		
	Mailing Address 4 Hall Street	Amoun	t				
	City State Zip Code				15.40		
	Concord NH 03301			ID: 45325a02 ursement or C	2-2aa1-43e6-9		
	Purpose of Expenditure Travel Category/ Type 004	M	10 M	20	2014		
	Name of Federal Candidate Support Office	e Sought:		X House	District: 02		
	Marilinda Garcia Oppose	Preside	_	Senate	State: NH		
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement		Primary	General		
ŀ	Full Name of Payee			pecify)	/Discomination		
	Hotels.com	M	f Publi	ic Distribution/	/Dissemination		
	Mailing Address 5400 LBJ Freeway	Amoun		20	2014		
	Suite 500	, anoul					
	City State Zip Code				54.72		
	Dallas TX 75240			D : 958b898f- oursement or 0			
	Purpose of Expenditure Travel Category/ Type 004		10 ^M	20	2014		
	Name of Federal Candidate Support Office	e Sought	; [X House	District: 02		
		Preside		Senate	State: NH		
				Primary	General		
_		Ot	ner (s _l	pecify) 🕨			
((a) SUBTOTAL of Itemized Independent Expenditures			7	70.12		
(b) SUBTOTAL of Unitemized Independent Expenditures							
•	(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	[E1t:	M /	D D D	/ Y Y 201	4		
	Signature [Electronically Filea] Date 1		22	201	7		

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,	FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC	C C00530766						
Check if 24-hour report X 48-hour report New report Amends rep	port filed on Man / Dad / Yayayay						
Full Name of Payee	Date of Public Distribution/Dissemination						
Hotels.com	10 20 / Y Y Y Y Y Y Y						
Mailing Address 5400 LBJ Freeway Suite 500	Amount						
City State Zip Code	54.72						
Dallas TX 75240	Transaction ID : d35f046b-1989-4ab3-8 Date of Disbursement or Obligation						
Purpose of Expenditure Travel Category/ Type 004	M M / D D / Y Y Y Y						
Name of Federal Candidate Support	Office Sought: X House District: 02						
Marilinda Garcia Oppose	President Senate State: NH						
Calendar Year-To-Date Per Election for Office Sought 761.69	Disbursement For: Primary						
Full Name of Payee	Date of Public Distribution/Dissemination						
Enterprise	10 20 2014						
Mailing Address 1 Airport Road	Amount						
City State Zip Code	34.91						
Manchester NH 03103	Transaction ID: 9e5fddf0-5737-4745-9 Date of Disbursement or Obligation						
Purpose of Expenditure Travel Category/ Type 004	M M / D D / Y Y Y						
Name of Federal Candidate Support	Office Sought: X House District: 02						
Ann Kuster Oppose	President Senate State: NH						
Calendar Year-To-Date Per Election for Office Sought 41892.92	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures	···· >						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan [Electronically Filed] Da	te 10 22 2014						
Signature	"						

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	Fileduic Ly	FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
V	Vomen Speak Out PAC	C C00530766				
Ch	peck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Enterprise	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 1 Airport Road	Amount				
	City State Zip Code	34.91				
	Manchester NH 03103	Transaction ID : 6de53875-1af4-438e-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Travel Category/ Type 004	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Office	e Sought: X House District: 02				
	Marilinda Garcia Oppose	President Senate State: NH				
	Calendar Year-To-Date Per Election for Office Sought Disbut 761.69 Disbut 761.69	ursement For: Primary General				
		Other (specify)				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Mailing Address	Amount				
	City State Zip Code					
		Date of Disbursement or Obligation				
	Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y				
	Name of Federal Candidate Support Office	e Sought: House District:				
		President Senate State:				
	Calendar Year-To-Date Per Election for Office Sought	orsement For: Primary General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures	127382.83				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	(7) (1) 7 1 1	0 22 2014				
	Signature					

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